MONITORING REPORT

OF

THE TECHNICAL ASSISTANCE COMMITTEE

IN THE CASE OF

BRIAN A. v. BREDESEN

January 19, 2006

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INTRODUCTION

This report was prepared by the Technical Assistance Committee pursuant to the provisions of the orders entered in *Brian A. v. Bredesen*, *Civ. Act. No. 3:00-0445 (Fed. Dist. Ct., M.D. Tenn)*, a civil rights class action brought on behalf of children in the custody of the Tennessee Department of Children's Services. The "*Brian A.* class" includes all children placed in state custody either:

(a) because they were abused or neglected; or
(b) because they engaged in non-criminal misbehavior (truancy, running away from home, parental disobedience, violation of a "valid court order," or other "unruly child" offenses).

The *Brian A.* Settlement Agreement (Settlement Agreement) entered on July 27, 2001 requires improvements in the operations of the Tennessee Department of Children's Services (DCS) and establishes the outcomes to be achieved by the State of Tennessee on behalf of children in custody and their families.

The Role of the Technical Assistance Committee

The Settlement Agreement established the Technical Assistance Committee (TAC), consisting of five experts in the child welfare field and selected by agreement of the parties, to serve as a resource to the Department in the development and implementation of its reform effort.

The TAC was envisioned as a way of making available to DCS the range of expertise and assistance that was perceived by the parties as necessary to ensure that the reform would be successful. The primary function of the TAC was and continues to be to advise and assist DCS in its efforts to design, implement, and evaluate improvements required by the Settlement Agreement. In addition, there are certain areas in which the Settlement Agreement gives the TAC responsibility for making recommendations, which the Department is then required to implement.

Under the terms of the Stipulation of Settlement of Contempt Motion (Stipulation) entered by the Federal District Court on December 30, 2003, the TAC also assumed responsibility for assisting the Department in developing an implementation plan and monitoring the Department's performance both under that plan and under the original agreement for a twenty-six month period beginning January 1, 2004. The *Path to Excellence*, the implementation plan developed by DCS in accordance with the Stipulation, was approved by the Court on August 19, 2004.

The Stipulation also required the TAC to develop a monitoring plan. The monitoring plan, which was finalized and submitted to the parties on October 19, 2004, calls for the TAC to issue at least three monitoring reports between August 2004 and February 2006. The TAC issued the first report, covering the first six-month period following the

approval of the *Path to Excellence*, in April 2005.[1] This second monitoring report covers subsequent DCS activity through November 2005.

The Purpose of the Monitoring Reports

As reflected in the Stipulation, the parties agreed that a carefully designed implementation plan is essential in order to guide the Department's system reform effort towards the improved outcomes for children and families that were the purpose of the *Brian A.* Settlement. Over the long run, those outcomes—faster permanency for children in out-of-home care, greater safety while in care, lower rates of re-entry, and the like—are the most important measures of the Department's progress. However, it is likely that it will take some time to observe significantly improved outcomes. For that reason, while monitoring reports will increasingly focus on progress in meeting *Brian A.* outcomes for children and families, much of the early monitoring efforts are devoted to gauging how successfully DCS is implementing the strategies set out in the implementation plan. If the Department is making substantial progress in carrying out the plan, there is every reason to believe that improved outcomes will follow. If it is not, it will be essential to intervene quickly.

The monitoring reports are designed to provide the parties with information necessary to answer the following three questions:

- To what extent is DCS implementing the *Path to Excellence*?

- To what extent is the implementation of the *Path to Excellence* achieving the anticipated improvements in *Brian A.* outcome measures and performance indicators and other requirements of the Settlement Agreement?

- To the extent that any anticipated improvements are not occurring, what adjustments should be made to respond?

In asking and answering these questions, the TAC's purpose is not only to determine whether DCS is "in compliance" with the Implementation Plan, but also, in those areas in which progress is not occurring, to generate information necessary to understand obstacles to compliance and identifying reasonable actions that can be taken to overcome those obstacles.

[1] Copies of the April report are available on line at http://state.tn.us/youth/news_room/spotlight/spotlight.htm.

The Structure of this Report

The body of this report is divided into four sections:

- an executive summary that highlights the major findings of the report;

- a review of aggregate data relevant to some of the key outcomes and performance indicators identified in the *Path to Excellence* and the Settlement Agreement, with greater detail provided on regional performance than in the first monitoring report;

- a presentation of the key findings of the annual case file review required by the Settlement Agreement;

- and a domain by domain report on the additional progress made through November 2005 by the Department in implementing the *Path to Excellence*.

SECTION ONE: EXECUTIVE SUMMARY

The April monitoring report documented the impressive foundational work that had been accomplished by the Department under the present Commissioner's leadership during the preceding year. In the months since that report was issued, the Department has continued to build on those accomplishments.

Progress in Implementing the *Path to Excellence*

As is reported more fully in Section IV of this report, the Department has made progress in each of the eight domains of the *Path to Excellence*, including significant achievements in the following areas:

Staffing and Training

- Of specific, immediate concern to the TAC in April was understaffing in the area of Child Protective Services and caseworker caseloads that were in excess of the reasonable caseload limits set by the Settlement Agreement as necessary for quality casework. Over the past six months, through a combination of new and reassigned positions, the Department has substantially addressed both staffing concerns. In addition, through improved reporting and tracking, the Department is closely monitoring staffing and workload in both of these areas.

- Continued progress has been made in the training area, including: refining the core curriculum training for new and existing staff, and developing additional training for supervisors; producing a special training package on psychotropic medications and informed consent; revising the resource parent certification training; developing competency evaluations; and providing advanced CFTM facilitator training.

- Case manager salaries have been increased again this budget year, in keeping with the Department's effort to ensure that case manager salaries are competitive with comparable positions in other public and private sector agencies.

Child and Family Team Process Implementation

- The Department has designed and articulated in policy its own vision for team conferencing, CFTM, by integrating aspects of other family conferencing/team decision-making models into a coherent and consistent approach that is Tennessee-specific.

- The Department has made significant progress in developing its group of 75 CFTM facilitators, all of whom have completed the Advanced Facilitator Training. In addition, a core group of twelve lead facilitator coaches (one for each region) has received intensive training, coaching and evaluation. They have

demonstrated good command of a broad range of facilitation skills and have successfully completed a certification process.

- The basic CFTM training curriculum, which has historically been separate from the core curriculum, has been substantially incorporated into the core practice training for both new and experienced case managers.

Foster, Kinship, and Adoptive Home Development and Support

- The Department has moved forward with the statewide expansion of the relative caregiver program, succeeded in creating a "permanent guardianship" option for relatives, and has received a IV-E waiver to pilot a "subsidized permanent guardianship" permanency option for children in long-term placement with relatives.

- The Department has made resources available, through a contract with a private provider, to supplement each region's capacity to offer PATH training, conduct diligent searches, complete home studies, and conduct reassessments of previously approved homes. A number of regions that have had "backlogs" as a result of the inability to access any of these services related to the approval process have utilized the contract to eliminate those backlogs.

Quality Assurance, Continuous Quality Improvement, and Data Management

DCS leadership at the State level has placed a very high priority on transforming DCS into an organization that is responsible for assessing its own performance and that gathers, analyzes, and uses quantitative and qualitative data to monitor performance, identify strengths and weaknesses, and continually improve practice and outcomes for children and families. As a result of progress made over the past six months:

- The Department now produces a series of regular monthly and quarterly reports on key outcome measures and system performance indicators. The Department has much better and much more relevant information about performance—of the department as a whole over time; of the 12 regions compared to one another; and of private providers compared to one another.

- DCS is working effectively with the Chapin Hall Center for Children to develop and use sophisticated outcome measures, similar to those Chapin Hall has developed in consultation with other jurisdictions, to move toward "performance-based contracting." Such measures will be used not only to evaluate individual private providers, but also to compare performance among DCS regions.

- The Department, in partnership with the Tennessee Commission on Children and Youth, has begun implementing a new quality service review. This process involves not only reviews of case files but also interviews with key stakeholders in the cases to gather information about indicators of child and family status and

system performance. The review process provides both qualitative and quantitative data about case practice and outcomes for children and families that the Department can use to measure the degree to which case practice reflects the *Practice Model* and the extent to which the system is achieving positive results for children and families.

Results of Case File Review and Review of Aggregate Data

The positive changes made to date are still primarily of the kind that lay the foundation for good practice and for better outcomes for children and families, and a great deal more work is needed before good practice is routine and children regularly experience better outcomes.

It is therefore not unexpected that the data discussed in this report, both the aggregate data presented in Section Two and the Case File Review results presented in Section Three, does not yet reflect significant changes in outcome and system performance measures. Those areas that have been the Department's relative strengths over the past several years continue to be areas of strength, and those areas that have been system challenges continue to be system challenges.

For example, although the Department is not where it needs to be in terms of consistently meeting its goal of serving children in resource family homes rather than congregate care facilities whenever that can be safely done, it is doing a better job than many child welfare systems in keeping children in normalized settings—placing them with families and keeping children, including many with specialized needs, in regular schools. In Tennessee, children who come into foster care are most often initially placed in family settings rather than in non-family settings. While there is a need to recruit and support additional resource families for teenagers, children under the age of 13 are almost always initially placed in family settings. In addition, Tennessee is finding some level of success in keeping sibling groups together. For example, of children reviewed in this year's case file review sample who had siblings in custody, those children were placed with some or all of their siblings in 80% of the cases.

Among the continued challenges facing Tennessee are those of achieving stability for children in foster care—not just stability in placement, but also school stability and the stability of important relationships. Data on placement moves, school changes, frequency and quality of family contact, case manager contact and case manager turnover, all reflect opportunities for significant improvement. Instability accounts, at least in part, for the large number of school-age children in DCS custody who are not achieving academically, not regularly attending school, and/or not receiving needed special education services. Most significantly, moving from place to place and not being able to maintain important personal connections further compromises the emotional well-being and healthy development of children who have already experienced significant trauma as a result of the circumstances that brought them into custody. Finally, while it is good that almost all young children are placed in family settings, these families may be far from the

children's home counties. And out-of-county placement is a particular problem for older youth, both those placed with families and those placed in residential treatment settings.

Key Issues and Challenges

The pace of reform activity at the Central Office and regional levels has been rapid. In part as a result of the progress made over the last six months, some of the implementation challenges have come into sharper relief for both the Department leadership and the TAC.

The TAC concurs with the Commissioner's view that the success of the reform effort depends heavily on the ability of the regional leadership to be the champions of the *Practice Model*. Each region has to assume the responsibility (and accountability) for improving front-line practice and child and family outcomes in that region, and the Central Office has to provide each region the support they need to assume this responsibility. While this effort requires persistent work and capacity building, over the past six months considerable progress has been made in shifting the emphasis of the reform effort from the Central Office to the field.

Much of the positive work has been focused on helping the regions develop, refine, and begin implementing regional implementation plans. The Department has provided technical assistance to the regions to assist in these efforts and made needs assessment funds available to support needs identified by those plans. The Department, through a combination of new and reassigned positions, substantially addressed excessive CPS and case manager caseloads that existed in a number of regions.

Since July, the Department has been producing for each region a set of monthly and quarterly reports that provide current regional information on a number of outcome and system performance areas, allowing regions to measure and track their regional performance not based on efforts or intentions or quality of paperwork, but on results that each region is achieving with the children and families it works with.

With the implementation of its new quality service review process, the Department has begun to measure and provide each region with qualitative feedback on a core set of child and family outcomes and system performance indicators. The QSR protocol recognizes efforts, but rates each region on its results and provides specific feedback to case managers and supervisors designed to improve front line practice.

The regions also are benefiting from the Department's progress in moving toward "performance-based contracting" with private providers—contracting that is based on the results the children and families served by each provider achieve in the areas of well-being, stability and permanence. Every region depends for much of its work with children and families on contracting for services with private providers. If regions are to be able to improve outcomes for the children they work with, the regions must be able to

partner with private providers in their regions based on the demonstrated abilities of those providers.

As a result of much of the work over the past six months, there is a greater understanding at the Central Office level of the challenges that the regions face in making the Department's interventions with children and families meet the high expectations set by the *Practice Model*. There is also a greater appreciation at the regional level that it will take strong regional leadership to overcome those challenges—regional leadership that understands and shares the values in the *Practice Model*, that has the skills to design and implement regional implementation plans, and that can use data to evaluate performance and drive improvements.

For the reform effort to take root in a region and start producing the kind of significant improvement in system performance and outcomes for children in that region, the region has to get to the point where:

1. There is a "critical mass" of case managers and supervisors who understand and embrace family-centered practice and have the skills to engage and work effectively with children and families.

2. Planning and implementation are driven by well-functioning Child and Family Teams based on a good functional assessment of the family's strengths and needs.

3. There are a sufficient number of well-supported, high quality resource homes to ensure that children from that region who can be safely provided for in a resource family can be placed in a resource home near their home community.

Some regions may be closer than others to this "tipping point" in the reform effort; however, there are common barriers, identified by the Department leadership, that have to be overcome in order to get to that point.

Workforce Barriers

With respect to reaching the "critical mass" of skilled case managers and supervisors, there are two significant obstacles: the applicant pool created by the state Department of Personnel ranking criteria; and the limited internal training, coaching and mentoring capacity for staff.

<u>The Applicant Pool</u>

Too often, DCS has been unable to hire the type of person it needs from the register provided by the state Department of Personnel. The skills, education, experience, and commitment that good child welfare practice demands seem to have been significantly undervalued by the criteria for ranking applicants on the lists from which the Department must hire. For example, the Department has succeeded in establishing scoring criteria that result in graduates with BSW degrees scoring higher than new college graduates with

other degrees. Even with this preference, graduates of the special child welfare practice BSW program, which DCS and the University Consortium designed to identify, recruit, and train people to work for DCS upon graduation, will have scores in the 70's on the CM I and CM II registers. This has not proven to be an obstacle to hiring the first eight graduates of the program. (All but one of the eight graduates were hired within three months of graduation.) Whether this ranking will create obstacles to hiring future graduates of this program as the number of graduates increases remains to be seen.

Of more immediate concern are the registers from which supervisor positions are filled. The Department needs to be able to hire supervisors who have the ability to model and coach good social work practice. The present Department of Personnel criteria do not presently value the training, skill, and code of practice that characterize the social work discipline.

Finally, for other DCS positions—Program Director, Program Manager, Program Coordinator, and Program Specialist—rating criteria reward almost any experience with the Department, even if it is not the most relevant experience.

Training, Coaching and Mentoring Capacity

In order to develop the kind of practice skills that the *Practice Model* requires, new case managers need training, coaching, and mentoring from trainers and supervisors who themselves understand family-centered practice and can teach and model those skills for others. However, because this practice is new to Tennessee's child welfare system, the Department does not have a large group of trainers and supervisors who have experienced this type of practice themselves. Most of the experienced staff are experienced in the old practice and need additional training and exposure to the new practice. Many supervisors are not comfortable mentoring a type of practice they are not familiar with. Trainers find it difficult to teach a skills-based curriculum that they have not seen taught by someone skilled in teaching that curriculum.

It will therefore be important to provide every consortium trainer the opportunity to observe the entire core curriculum being taught by a trainer well experienced in the delivery of this type of training, the opportunity to co-teach the course with and be observed and critiqued by such a trainer. Initially, this will require bringing in external trainers who have experience teaching this type of skills-based training, but that need for external support will diminish as the internal capacity of the DCS/Consortium trainer group grows.

Barriers to High Quality Child and Family Team Meetings

With respect to implementation of Child and Family Team Meetings, the challenge is in moving from Child and Family Team Meetings that function more like traditional staffings toward the team-driven assessment, planning and implementation process that is envisioned by the *Practice Model*.

The Department has trained and developed a core of seventy-five Child and Family Team Meeting facilitators as a significant first step toward implementing Child and Family Team Meetings. Many of the facilitators demonstrate good facilitation skills and could, with support, begin coaching and developing the capacity of others, including case managers, to facilitate meetings. However, given the numbers of facilitators and the allocation of facilitator time to 15-day, 3-month, 6-month and 9-month meetings, there has been little time for the trained facilitators to do anything beyond facilitating those specific meetings.

There has been little pre-meeting preparation (especially important for effective participation by family members); little involvement of the facilitator for meetings other than the 15-day, 3-month, 6-month and 9-month required meetings; and often no continuity of facilitators for a particular Child and Family Team from meeting to meeting.

Many of the meetings retain much of the paperwork-driven focus of the traditional case staffing. While children, family members, and resource parents are more frequently present for these meetings than they have been at traditional staffings, few DCS staff have experienced the kind of Child and Family Team process—not simply the meetings, but the process from pre-meeting preparation, to initial team formation, to development and empowerment of the team over the life of the case—that is envisioned by the *Practice Model*. Finally, some facilitators and case managers continue to be unclear about their ability to access flex funds, even to meet basic needs such as transportation. This hampers planning efforts.

In order to move forward in this area, the TAC recommends that the Department:

- rethink the present allocation of facilitator time from the emphasis on having facilitated meetings at every set review interval to allow a broader range of meeting experiences for the facilitators and the field, a more extensive use of facilitators at other stages of a case, and a greater opportunity for experienced facilitators to coach and mentor others;

- develop regional plans for developing case managers as facilitators, taking into account the number of case managers that need to be developed, the coaching and mentoring time needed to develop those case managers, and setting a realistic schedule for developing the case managers over time;

- invest in additional coaching of case managers so that, in the near term, especially in regions in which few experienced case managers have received the core curriculum training, case managers can play a more effective role in pre-meeting preparation and team formation;

- restructure the Child and Family Team Meeting to de-emphasize filling out papers and to focus on the substance of assessment and planning; and

- create a modest flex funds budget immediately accessible to every Child and Family Team for things like transportation.

Resource Barriers

With respect to resource family capacity, every region has a goal of having enough local resource families and enough supports for those resource families to be able to provide a good family match for every child who needs a family. The challenge of recruiting, retaining, and replenishing the supply of resource families is a long standing one and, despite the efforts of committed and conscientious recruiters, the results thus far of regional efforts to increase the number of homes have been disappointing. Some children continue to be placed in group care for lack of an appropriate available resource home or are placed in resource homes far from their home communities.

As the placement data presented in both Section Two and Section Three of this report reflect, children, especially those from rural regions, are too often placed far from their home communities and families because resource homes in their counties are filled (not infrequently with children from distant counties). And, as the data on placement moves reflect, children are too often placed in homes that are not the best match for their needs, resulting in subsequent moves to other homes or other placements.

The area of recruitment and support of resource families is one in which a number of private providers have demonstrated considerable success. The Department should explore creative partnerships with qualified private providers in the area of both recruitment and support of resource families.

Conclusion

While there is much work ahead for the Department and its partners, the TAC continues to be impressed by the commitment that is evident both in the Central Office and in the regions. The strategic discussions among both Central Office and regional leadership are focused on the right issues and are based on an accurate assessment of the key challenges to moving the reform effort to the next level.

SECTION TWO: DATA AND OUTCOME MEASURES UPDATE AND OVERVIEW

The first monitoring report issued by the TAC on April 13, 2005 included data that provided basic information about the children coming into the foster care system: who the children are, where they come from, and why they are being placed in foster care. It also provided data organized around two key questions related to system performance:

- While children are in foster care, how successful is the Department in providing stable, supportive home-like settings that preserve healthy contacts with family, friends, and community?

- How successful is the Department in helping children achieve permanency, either through safe return to their parents or other family members or through adoption?

This second monitoring report includes an update, based on an additional six months of data, of the figures and charts displayed in the first report, with a somewhat abbreviated discussion of the those figures and charts. A brief orientation to the data explaining the three types of data presented (point in time, entry cohort, and exit cohort) is included as an Appendix A to this report.

The April Report was focused largely on statewide data and was designed to provide baseline data against which to measure improvement. This second report provides more of that data by region as well as statewide.

The regions have crafted implementation plans that commit to achieving the following nine outcomes:

- Reduce the rate and number of children placed away from their birth family.

- Increase the number and rate of children entering state custody who are placed in their own neighborhoods and communities.

- Reduce the number of children served in congregate care and shift resources from congregate care to kinship care, family foster care, and family-centered services.

- Decrease the length of stay of children in state custody.

- Increase the number and rate of children exiting custody through reunification and adoption.

- Decrease the number and rate of children reentering state custody.

- Increase placement stability for children in state custody.

- Increase the number and rate of brothers and sisters placed together.

- Reduce any disparities associated with race/ethnicity, gender, or age in each of these outcomes.

Much of the data presented in this section is related to these nine outcomes. Regional data is included in the text of the section for some outcomes, and for other outcomes, the regional data is referenced in the text and included in the appendices. Each subsection that follows begins with a concise statement of the key findings suggested by the data.

I. Foster Care Caseload in Tennessee: Basic Dynamics of Placement

Key findings:

- *Brian A.* class members continue to account for about 80% of the DCS custodial population.

- The number of class members entering DCS custody in the first six months of 2005 is comparable to the number entering during the same period of 2004. If this trend continues, then the placement rate, which has risen each year since 2001, will have been stable from 2004 to 2005.

- Generally regional placement rates have remained the same for the first six months of 2005 when compared to the same period in 2004, with the exceptions of East Tennessee (significant increase) and Davidson (significant decrease).

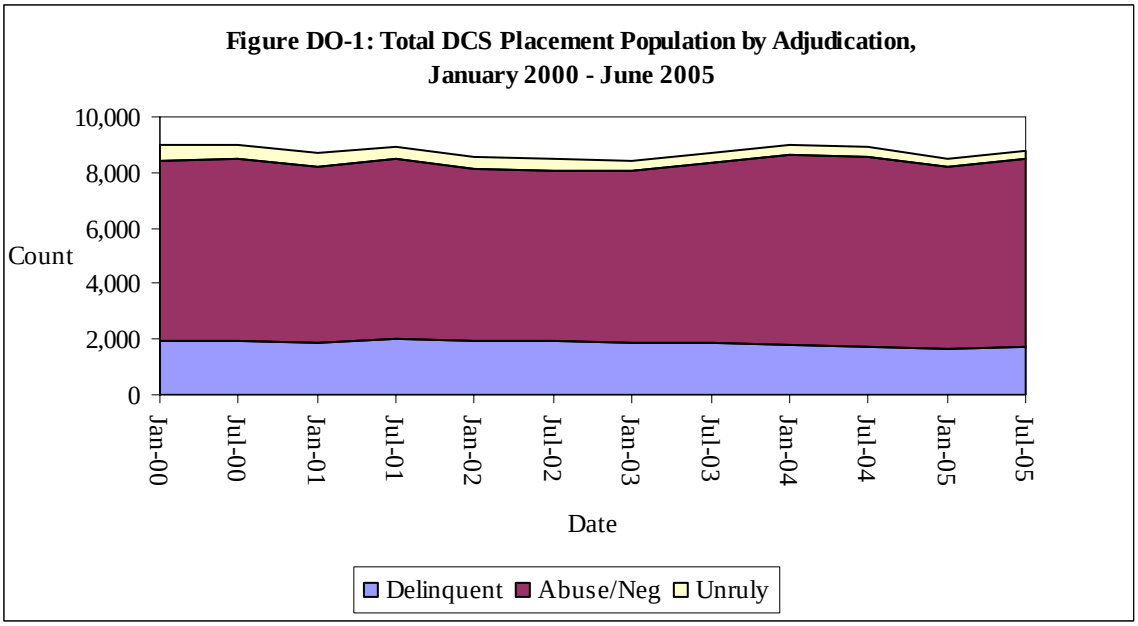
- In terms of regional performance, East Tennessee and Mid Cumberland regions continue to account for the highest numbers of placements; however, as was the case last year, East Tennessee had the second highest rate of commitment, while Mid Cumberland had the second lowest.

- Baseline reentry rates have been established statewide and by region. For children entering care, exiting to family, and then reentering care within a two-year window, baseline reentry rates range from 7% to 15% with a statewide rate of 12%. For children who are in care, exit to family and then reenter care within a two-year window, baseline reentry rates range from 8% to 20% with a statewide rate of 14%.

Discussion:

The following figure provides some basic information about the composition of the DCS custodial population in out-of-home placement.[2]

Figure DO-1: Total DCS Placement Population by Adjudication, January 2000 - June 2005



Data derived from longitudinal analytic files developed by Chapin Hall from TNKids data through June 30, 2005. (A table displaying the numbers of children in placement in six-month intervals on which this figure is based is included as Appendix B, Table B-1.)

The daily population of children in DCS placement during 2004 ranged between approximately 8,500 and 9,000 and continued to fall within that range for the first six months of 2005. On July 1, 2005 there were 8,775 children in DCS placement, somewhat lower than the 8,926 children in placement on July 1, 2004. As Figure DO-1 reflects, the majority of children in placement are there based on findings that they were neglected or abused. In July 2005, for example, 6,756 (77%) of the children in placement were neglected or abused, 283 (3%) were unruly (were truant from school, had run away from home, or engaged in other non-criminal misbehavior) and 1,736 (20%) were delinquent (had committed a criminal offense). Over the last several years, the Department appears to have experienced some fluctuations in its daily placement population, but there has been some overall increase in the number of neglected and abused children in the system and a slight decrease in the number of delinquent and unruly children.

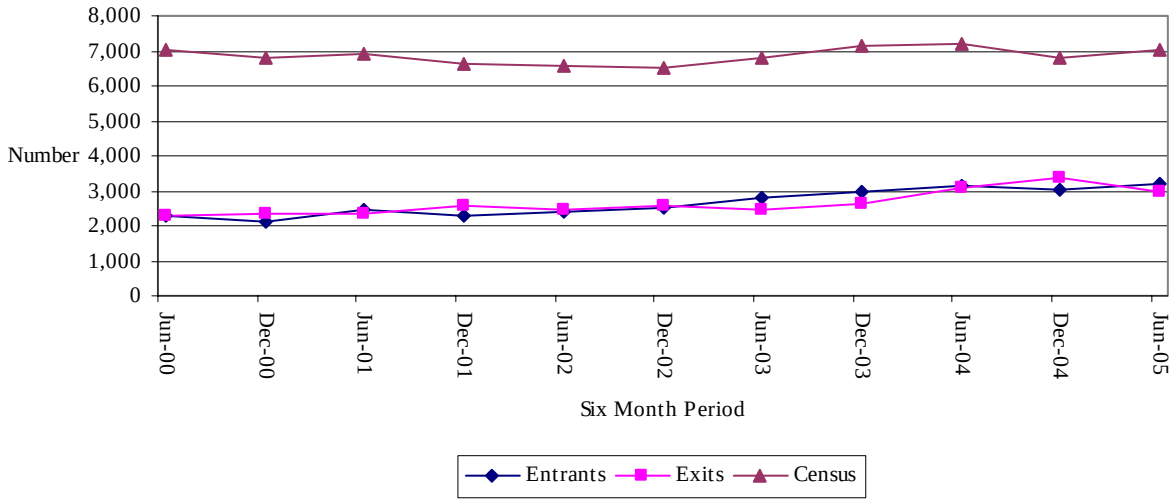
Although DCS is responsible for and cares about the experiences of all children in its custody, for the purposes of this report, the data reported includes only members of the

[2] There are some children who are in DCS legal custody but are living in their homes, either awaiting placement or on a trial home visit, or for some other reason. The custodial population on any given day will therefore be higher than the placement population (children in out-of-home placement). For example, at the time of the June 30, 2005 snapshot, there were 10,042 children in DCS custody, of whom 8,775 were in placement.

Brian A. class: children who are in state custody based on findings that they are abused, neglected, or unruly.

Fluctuations in the numbers of children in placement reflect trends in both admissions and discharges. As indicated in Figure DO-2, the number of *Brian A.* class members entering placement has been rising over the past four years. However, for 2000-2002 discharges from placement slightly exceeded admissions to placement, resulting in the decline in the placement caseload. In 2003, placements rose and exceeded discharges, resulting in the increase in the caseload. More recently, an increase in discharges resulted in a decline in the caseload. In the first six months of 2005, however, there has been both a slight increase in entrants and a slight decrease in exits.

Figure DO-2: Admissions, Discharges, and Placement Population
Six-Month Intervals, January 2000 - June 2005



Data derived from longitudinal analytic files developed by Chapin Hall from TNKids data through June 30, 2005. (A table displaying the numbers of entrants, exits, and the placement population is included as Appendix B, Table B-2.)

Placement Rates

One of the goals of a child welfare system is to improve its ability to effectively intervene on behalf of abused and neglected children without the necessity of bringing them into state custody and removing them from their families. By better identifying children who can safely remain with their families or with relatives with support services and providing those families and children the needed services, child welfare agencies can reduce the rate and number of children being unnecessarily placed away from their birth families and therefore more effectively use the scarce out-of-home placement resources for those children who cannot safely remain at home. For this reason, it is important to understand differences among counties and regions in the extent to which they are successful in using non-custodial services.

One of the factors that influences the number of children coming into out-of-home placement is the number of children in the general population. The larger the number of children in the general population, the larger the number of children who may be subject to abuse or neglect, or who may have conflicts at home or at school leading to truancy and runaway behavior. It is therefore important to look at the "placement rates" of class members (number placed per 1,000 children in the general population) and not just the raw numbers of placements.[3]

Figure DO-3 shows the increase in statewide first placement[4] rates and the increase in the number of admissions in Tennessee over the past several years. The figure also provides a comparison of the number of admissions for the first six months of 2004 and the first six months of 2005.[5]

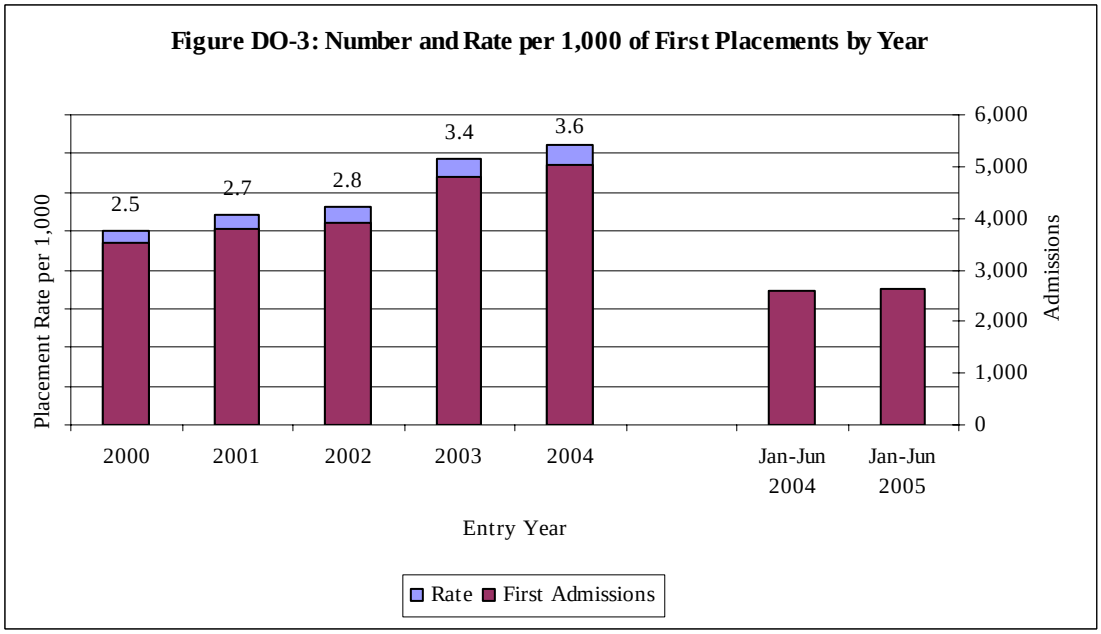
First placement rates in Tennessee have increased since 2000, with a jump of more than 25% from 2002 to 2003. However, the number of admissions during the first six months of 2005 is very similar to the number of admissions during the first six months of 2004. If this trend continues for the remainder of 2005, then the placement rate for 2005 should be about the same as the placement rate for 2004.[6]

[3] When comparing Tennessee's foster care population with that of other states or when comparing placements from Tennessee's twelve regions to each other, placement rates identify important differences in the use of placement. All other things being equal, regions with the largest child population would be expected to have a greater number of children committed than regions with smaller populations.

[4] Most of the data presented in this section is for entry cohorts. In addition, the entry cohort view is refined by showing information about "first placements," a recognition of the difference between a child who enters care for the first time (a new case for the placement system) and a child who reenters care (a further involvement of the placement system after a failure of permanent discharge).

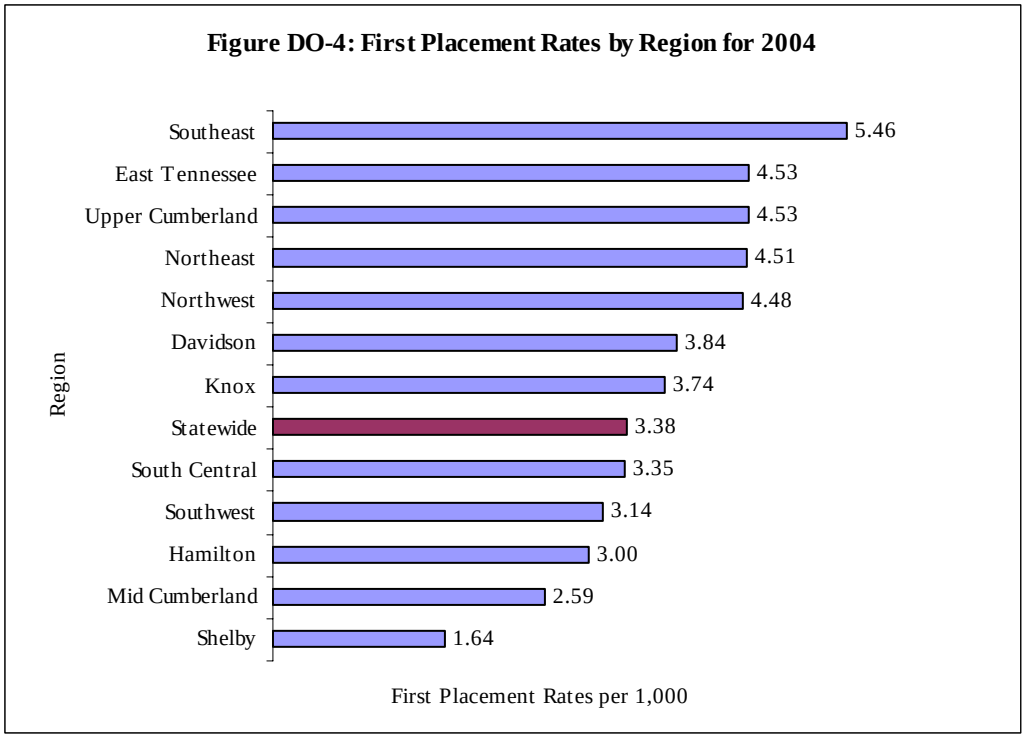
[5] The data in Figure DO-3 include all *Brian A.* class children, no matter how short their time in placement. The Department provides "Path to Permanency" reports to the regions on first placements that exclude from the data children who were in care for fewer than five days. In taking this approach, the Department is assuming that children who are in care for fewer than five days are likely to be children who should not have come into care in the first place. The Department therefore does not want to include the return of these children to their families in their measurement of the extent to which the Department is moving children to permanency by successful reunification efforts. Children who cycle in and out of care that quickly should, in the Department's approach, be seen as a measure of failure of the prevention/screening process rather than of successful reunification.

[6] In general, when child welfare systems become more effective, we expect to see placement rates decrease, because more families get supportive services and are able to keep children at home. However, there are times, particularly at the early stages of a reform effort, when an increase in placement may indicate more thorough and effective child protective investigations uncovering serious abuse and neglect.

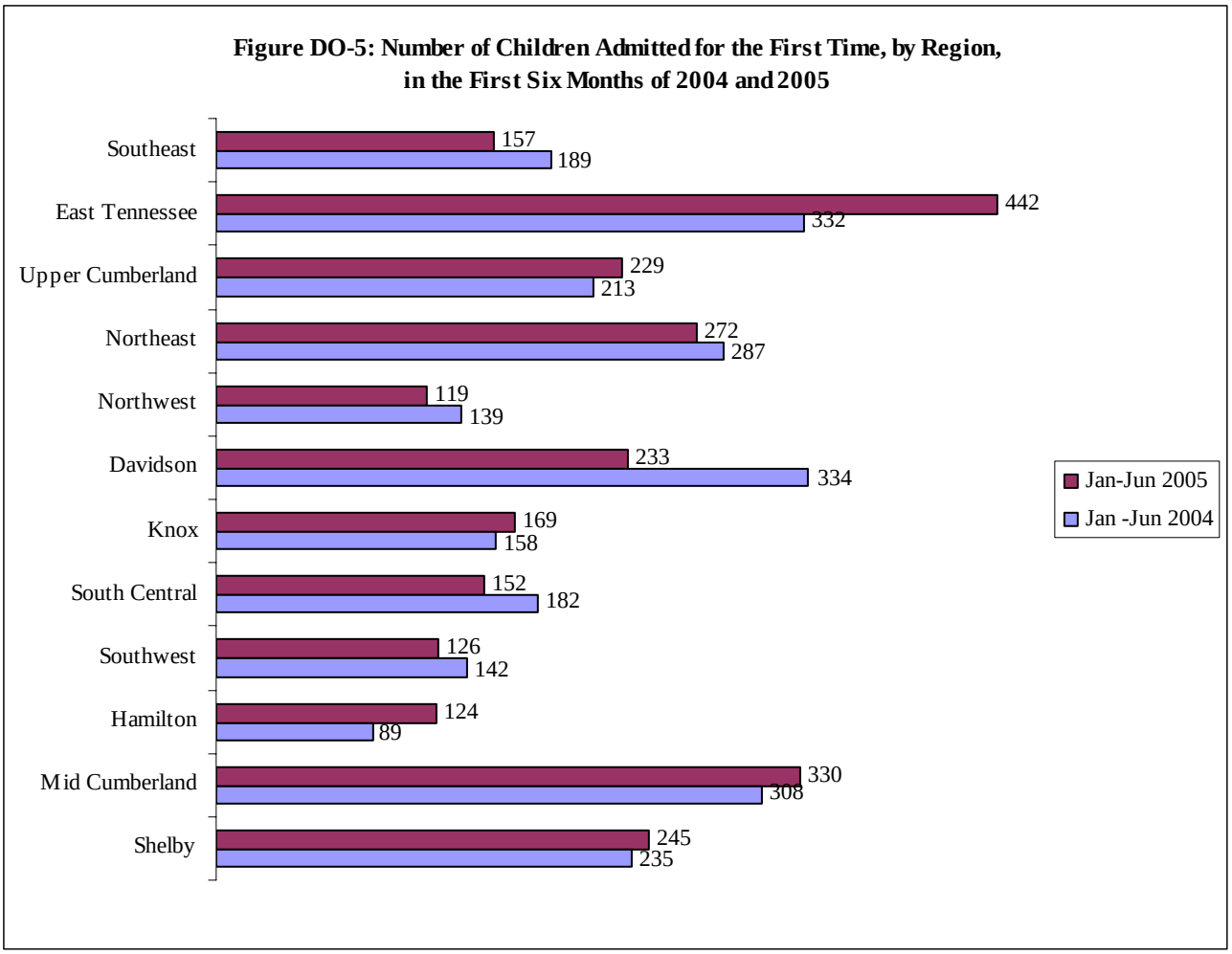


Data derived from longitudinal analytic files developed by Chapin Hall from TNKids data through June 30, 2005 and the 2005 Census Estimate calculated by Claritas.

Figure DO-4 below displays regional placement rates for 2004, and Figure DO-5 compares the number of admissions by region for the first six months of 2004 and the first six months of 2005. In Figure DO-5, the regions are ordered according to their placement rates for 2004.



Data derived from longitudinal analytic files developed by Chapin Hall from TNKids data through January 15, 2005 and the 2000 Census.



Data derived from longitudinal analytic files developed by Chapin Hall from TNKids data through June 30, 2005 and the 2005 Census Estimate calculated by Claritas.

As reported in the first monitoring report, East Tennessee and Mid Cumberland had the highest number of placements in 2004,[7] but East Tennessee had the second highest placement rate and Mid Cumberland had the second lowest.[8] East Tennessee and Mid Cumberland have continued to be the leading regions in number of placements for the first six months of 2005. The comparison of the numbers of admissions for the first six months of 2004 and the first six months of 2005 shows little change for the majority of the regions; however, the comparison shows an increase in East Tennessee and a decrease in Davidson. This change in the number of admissions for these regions may be worthy of further exploration.

[7] TAC Monitoring Report, April 13, 2005, page 16, Figure 5.

[8] As in 2004, Shelby County continues to have the lowest first placement rate. This may be, at least in part, the result of unique placement resources operated through the county rather than through DCS, which provide the Shelby County Juvenile Court with out-of-home placements for children as an alternative to placements in DCS custody.

Finally, while we have focused on first placements in this subsection, attention should be paid not only to children entering the foster care system for the first time, but also to children who had previously spent time in foster care and who have since reentered the foster care system. Reentry rates are an important indicator of the success or failure of the placement process.

The Department has established baseline reentry rates from which to measure future performance (as an average derived from recent historical performance), for the state as a whole and for each region.[9] Figure DO-6 below reflects the answers to two questions: 1) Based on historical performance, what percentage of children in care on January 1, 2005 are expected to be released to reunification with parents or relatives and then reenter care within the two-year window from January 1, 2005 to December 31, 2006? 2) Based on historical performance, what percentage of children entering out-of-home placement during 2005 are expected to be released to reunification with parents or relatives and then reenter care within the two-year window from January 1, 2005 to December 31, 2006? The top (blue) bar answers the first question; the bottom (red) bar answers the second question.

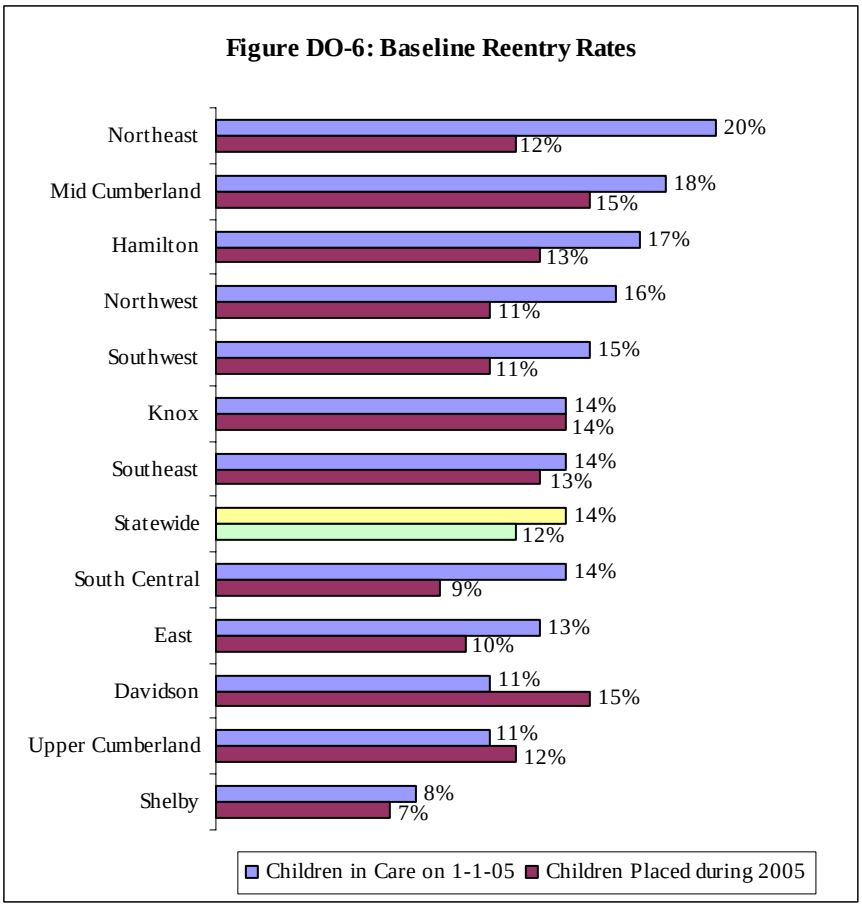
Not enough time has passed to be able to meaningfully measure whether the Department's efforts to improve the re-entry rates over the historical baseline are succeeding.

[9] Reentry rates can be calculated in more than one way. Chapin Hall developed the baseline rates for DCS presented in this report using the following calculation: For the children in care on January 1st of each year (2000-2004), how many exited to reunification with parents or relatives and then reentered care within two years. (This is the in-care baseline.) For the children entering out-of-home placement in each year (2000-2004), how many exited to reunification with parents or relatives and then reentered care within two years. (This is the entry cohort baseline.)

The Settlement Agreement establishes a measurement of the state reentry rate to be taken for the period ending November 30, 2005, to be calculated "12 months after the end of the reporting period" by taking the population of children released from custody (regardless of type of exit) during the reporting period and determining how many of them reentered custody within 12 months from the date of release from custody. This measurement is similar to that used by Chapin Hall in that it looks prospectively at children entering and/or exiting care to see how many reenter care within a certain timeframe, though there are some important differences.

The calculation presently required by the federal CFSR process is a very different measure in that it is retrospective: of the children entering custody during a certain period, the percentage of children who had a previous custody episode within 12 months of the most recent entry. The Department produces monthly reports on reentry rates using the CFSR calculation. The reports produced by DCS for the past two quarters using this method of calculation have reported recent statewide reentry rates of 7.7% and 7.9%, respectively. There are some shortcomings with measuring reentry rates in this way; the measure essentially provides a breakdown of entries into custody by whether they are first entries or reentries. If the number of first entrants goes down, then the proportion of children who are reentrants will go up, regardless of whether more children are reentering care. The federal measure does not provide a longitudinal view of reentry, nor does it link reentry with exits to permanency.

The TAC will report further on the variety of data related to reentry in its next report.



Data derived from longitudinal analytic files developed by Chapin Hall from TNKids data through June 30, 2005.

II. Characteristics of the Foster Care Population: Information Related to Age and Race/Ethnicity

Key findings:

- Infants continue to be the largest single age group entering care each year, comprising about 15% of each entry cohort. The teen-age years (14-16) account for the next three largest age groups.

- As a result of the number of teens entering care each year and the number of younger children in care who become teens while in care, teenagers make up the largest group of children in foster care on any given day.

- Although the distribution by race and ethnicity of children entering out-of-home placement is similar to that of the general population, there is some disparity in the rate at which children of different races enter out-of-home placement.

- First placement rates for infants show the greatest disparity: 12.6 per 1000 for African American infants compared to 8.9 per 1000 for White infants. Placement rates of teenagers show considerable disparity as well.

- There is considerable variation in racial disparity among the regions, with Northeast, Southeast, Knox, and Davidson showing the greatest disparity. In East Tennessee and Upper Cumberland (which have the highest overall placement rates), the African-American placement rate was lower than the placement rates for White children.

- Further analysis should be done to further identify, better understand, and appropriately respond to the areas in which there is racial disparity.

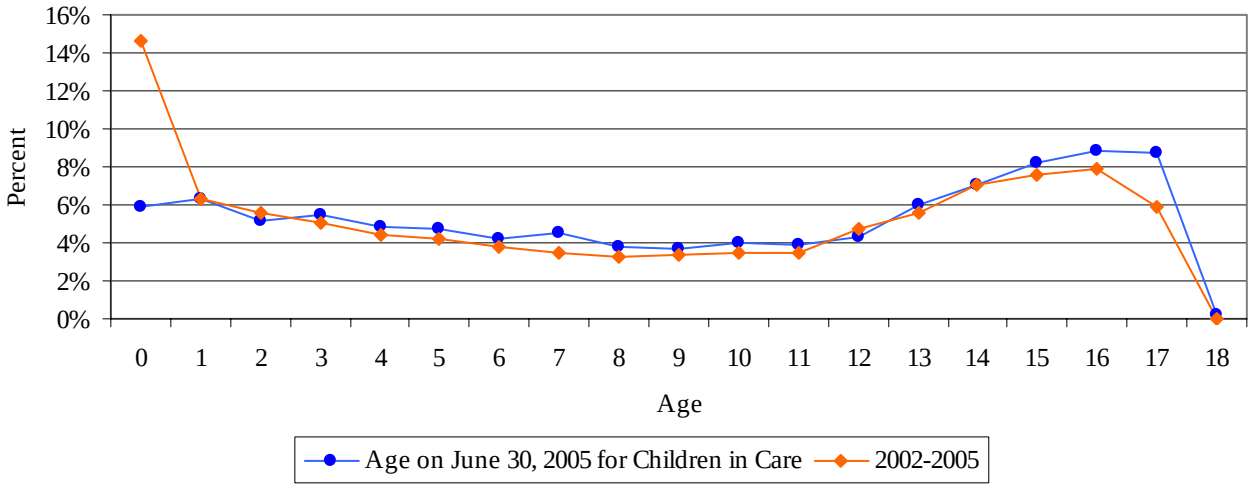
Discussion:

Age of Children Coming into Care

Whether for planning for the services and placements for the foster care population or for setting goals for improved outcomes for children coming into care, one of the most significant factors to consider is the age of the foster care population. Finding foster and adoptive homes for infants is different than finding foster and adoptive homes for teenagers; the supports that foster and adoptive parents need vary significantly between the teen and the infant; the challenges to achieving permanency are different for those very different age groups and the likely permanency options are different.

Figure DO-7 below shows the age of children in the *Brian A.* class served by Tennessee's child welfare system, using both entry cohort data organized by the age of the child when the child first entered out-of-home placement (the orange line) and point-in-time data showing the age distribution of those children in out-of-home placement on June 30, 2005 (the blue line). Because the age distribution of class members entering out-of-home placement over the last several years has remained relatively constant, data from cohort years 2002 to the first six months of 2005 is shown together. The largest age group by far entering out-of-home placement is infants; the next largest age groups are the teen ages (16, 15, and 14, respectively). While infants are the largest age group in any given entry cohort, the point-in-time data reflect that on any given day there are more 16-year-olds in out-of-home placement than any other age group, with the next largest groups being 17-year-olds, 15-year-olds, and 14-year-olds.

**Figure DO-7: Single Year Age Distributions:
First Placements January 2002 - June 2005 by Age at Admission
and Age of Children in Care on June 30, 2005**



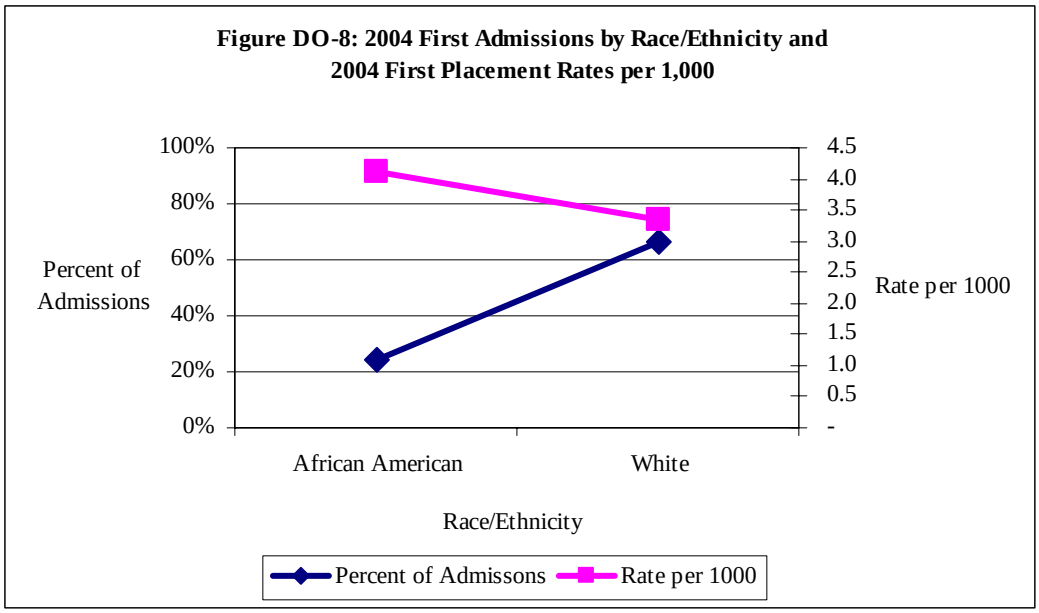
Data derived from longitudinal analytic files developed by Chapin Hall from TNKids data through June 30, 2005. (A table displaying the numbers of children of each age entering placement for each year as well as the number of children of each age in placement on June 30, 2005 is included as Appendix C, Table C-1.)

Class Members by Race and Ethnicity

While it would be understandable that a child might have a different experience in foster care based on the age at which he or she enters care, the system is striving to be one in which race and ethnicity do not result in disparate experiences or outcomes.

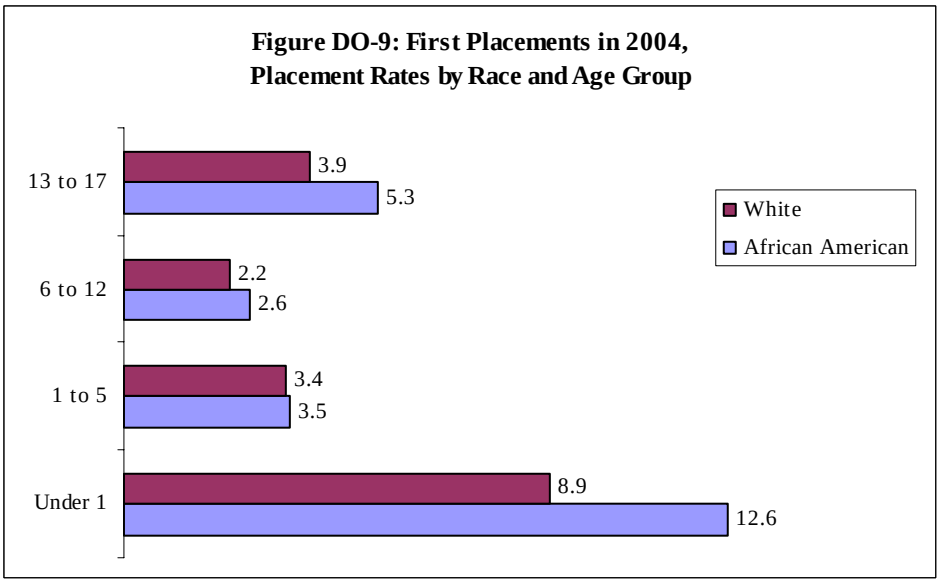
Children entering out-of-home placement in 2004 had a racial composition similar to the general child population in Tennessee. The blue line in Figure DO-8 below shows the racial breakdown of all children entering out-of-home placement in 2004, with over 60% being White and over 20% being African-American. According to the 2000 census, 73% of the general child population in Tennessee was White and 22% was African-American.

Although the distribution by race and ethnicity of children entering out-of-home placement is similar to that of the general population, there is some disparity in the rate at which children of different races enter out-of-home placement. The pink line in Figure DO-8 compares the placement rates of White children and African-American children first entering out-of-home care in 2004. For every 1,000 White children in the general child population in Tennessee, 3.4 entered out-of-home care in 2004. For every 1,000 African-American children in the general child population in Tennessee, 4.1 entered out-of-home placement in 2004. This means that African-American children are more likely to enter out-of-home placement for the first time than White children in Tennessee—a sign of racial disparity that needs further exploration.



Data derived from longitudinal analytic files developed by Chapin Hall from TNKids data through June 30, 2005 and the 2005 Census Estimate calculated by Claritas.

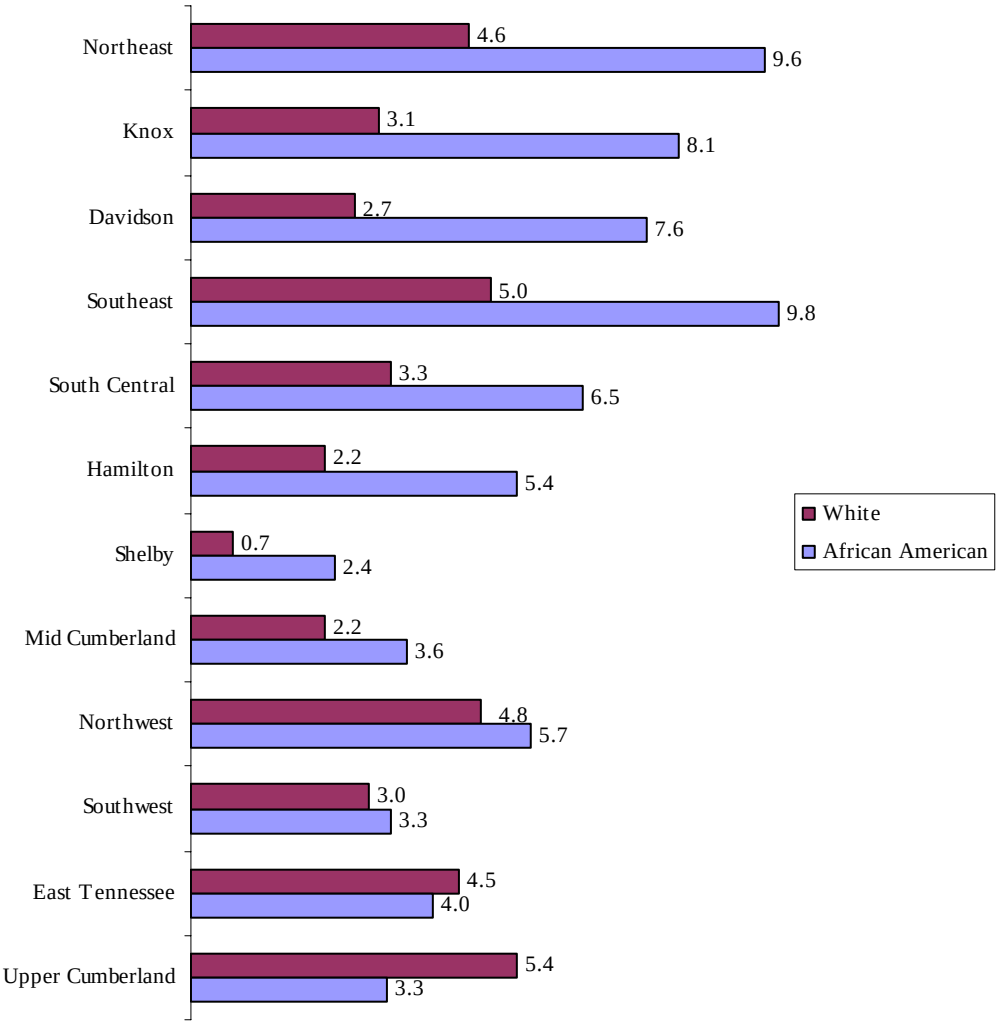
A further breakdown of first placement rates by age group indicates that the placement rates of infants show the greatest racial disparity, with the placement rates of teenagers also showing considerable disparity. The first placement rate for African-American infants is 12.6, compared to a first placement rate for White infants of 8.9. (See Figure DO-9.)



Data derived from longitudinal analytic files developed by Chapin Hall from TNKids data through June 30, 2005 and the 2005 Census Estimate calculated by Claritas. (A graph displaying first placements rates for children by single year of age each age is included as Appendix C, Figure C-1.)

Figure DO-10 below presents a breakdown of placement rates by race and region, arranged in order from greatest to least disparity. Northeast, Knox, Davidson, and Southeast showed the greatest disparity. In East Tennessee and Upper Cumberland, the African-American placement rate was actually lower than the White placement rate. There is much variation across regions in the racial disparity between placement rates; further exploration is necessary to learn more about the reasons for these differences.[10]

Figure DO-10: Placement Rates per 1,000 for First Placements in 2004 by Region and Race



Data derived from longitudinal analytic files developed by Chapin Hall from TNKids data through June 30, 2005 and the 2005 Census Estimate calculated by Claritas. (Actual placement and general population counts by region, age, and race/ethnicity are included as Appendix C, Tables C-2 and C-3.)

[10] Figures C-2 through C-13 in Appendix C provide placement rates by race and age for each region. Tables C-2 and C-3 in Appendix C display the raw numbers on which Figures C-2 through C-13 are based.

The racial breakdown of data can sometimes raise more questions than it answers without further analysis. A breakdown of data by race is presented in this report for areas in which the TAC feels it is informative. However, further analysis of data on racial disparity is needed to determine what the causes of the disparities might be, and therefore, what strategies might be used to address them. For this reason, the TAC plans to produce a separate report on issues of race and ethnicity that presents a more in-depth analysis of data about race and ethnicity, taking into account child attributes as well as cohort effects.

III. How successful is the Department in providing children in foster care with stable, supportive, home-like settings that preserve healthy contacts with family, friends and community?

Key findings:

- The Department has consistently placed over 80% of children entering care into family settings when they come into care, with kinship foster placements accounting for between 14% and 19% of the placements. For the first six months of 2005, almost 70% of the children were placed with non-relative families and almost 15% in kinship homes, for total family-setting first placements of 84.5%.

- The four single-county urban regions continue to be much more successful in placing children within their home counties (88.8%) than are the other eight, largely rural regions (45.6%).

- Tennessee's children continue to experience a greater number of placement moves while in custody than children in the child welfare systems of a fair number of other states.

- Although the number of moves children experience while in care has remained largely unchanged statewide over the past four years, some regions are performing better than others in achieving stability while in placement. For example, as of June 30, 2005 for the children who entered care in 2004, 58% of children from Southwest did not experience any moves during their time in care, while 41% of the children from the Northeast did not experience any moves. Thirty percent of children in Hamilton moved two or more times in that period, while only 15% of children in Upper Cumberland moved two or more times.

- For children who do experience placement moves while in care, those moves tend to occur during the first six months in out-of-home care. A promising approach to improving placement stability might therefore be to focus on understanding and addressing the factors that contribute to placement moves in the first six months in care.

- Children whose first placement when entering out-of-home care was with relatives were significantly less likely to move than children placed in non-relative foster homes, with three-quarters of children placed with relatives experiencing no moves compared to 51% of children placed in non-relative foster homes. Improved identification, utilization, and support of kinship foster homes is therefore a reasonable strategy to improving stability (in addition to the other benefits to children of relative placements).

- The Department continues to struggle to provide appropriately frequent parent-child visits for the large majority of children in care for whom the permanency goal is reunification.

- For siblings placed in foster care, the Department has experienced some significant success in keeping sibling groups together. For those sibling groups who are separated while in care, there is significant room for improving the frequency of sibling contact.

Discussion:

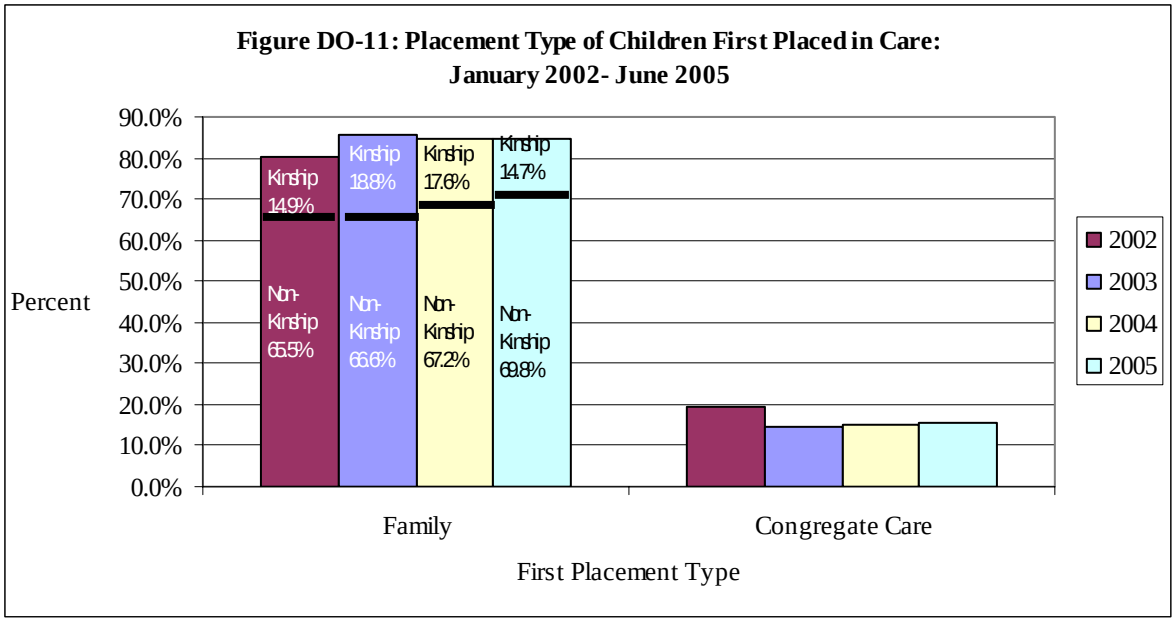
Serving Class Members in Foster Family Settings rather than Congregate Care Settings

The DCS *Practice Model* and the *Brian A.* Settlement Agreement emphasize the value of serving children in family settings and therefore the importance of reducing the number of children served in residential/congregate care settings.

The following figures provide information on the extent to which the Tennessee Department of Children's Services has been successful in achieving its goal of serving class members in family settings rather than residential facilities.

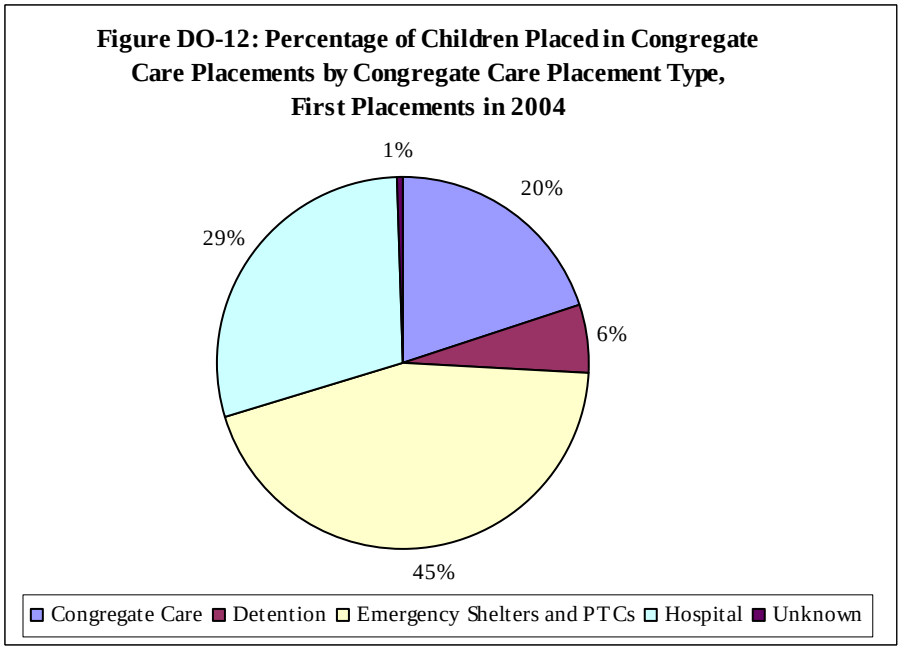
Figure DO-11 below shows first placements by placement type for the past three and a half years. The family placement bars reflect both kinship foster homes (top portion of each bar) and non-kinship foster homes (bottom portion of each bar). More than 80% of children entering out-of-home placement for the first time are initially placed in family settings. Other than a mild increase between 2002 and 2003, this percentage has remained relatively constant. Within the family-setting placements, the proportion of kinship to non-kinship foster homes has also remained relatively stable, with kinship foster home placements increasing from 14.9% of all initial placements in 2002 to 18.8% in 2003 and then very slightly decreasing to 17.6% in 2004. So far for 2005, 14.7% of initial placements have been kinship. Non-kinship foster home placements have increased slightly from 65.5% in 2002 to 69.8% so far for 2005.[11]

[11] Regional data on first placement type from January to June 2005 are provided in Appendix D, Figure D-1.



Data derived from longitudinal analytic files developed by Chapin Hall from TNKids data through June 30, 2005.

Figure DO-12 below breaks out the different types of congregate care placements for the initial placements shown in Figure DO-11. It is important to keep in mind that Figure DO-12 represents only a fraction of total initial placements for each year (less than 20%). Emergency placements made up the largest percentage by far of initial congregate care placements in 2004.



Data derived from longitudinal analytic files developed by Chapin Hall from TNKids data through June 30, 2005.

Figures DO-11 and DO-12 present data on initial placements only; the proportion of placement types in which children spend the majority of their stay in out-of-home placement could be quite different.

The Department runs a report at the beginning of every month (titled "*Brian A.* New Entries in Custody") that provides the initial placement type (congregate care or family setting) for all new entries of children in the *Brian A.* Class during the previous month. The most recent data (for September 2005) are similar to the numbers presented above, with 82.1% of the 397 children entering custody during September 2005 initially being placed in family settings.[12]

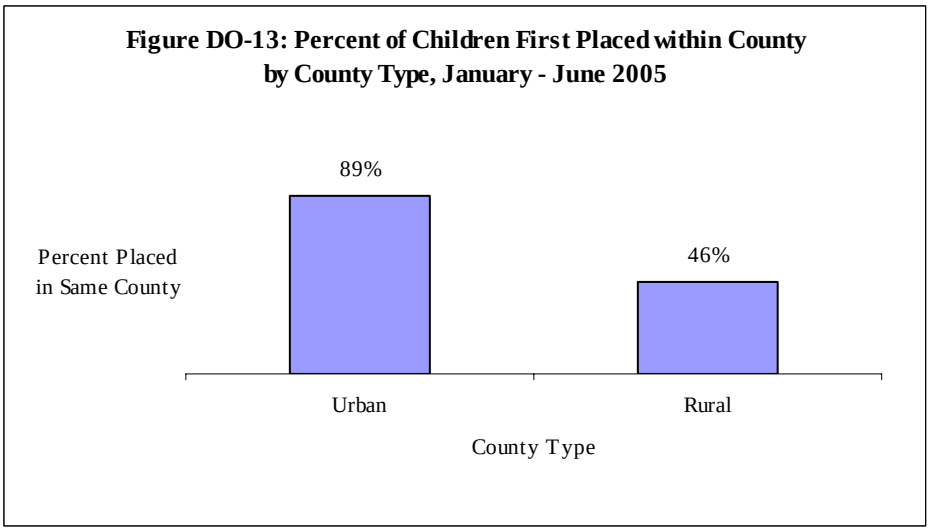
Serving Class Members in or near Their Home Communities

The DCS *Practice Model* and the *Brian A.* Settlement Agreement emphasize the importance of placing children in their home neighborhoods and communities. Such placement, among other things, makes the maintaining of positive community and family ties easier and can reduce the trauma that children experience when removed from their families.

Figure DO-13 provides information on the extent to which the Department is succeeding in finding placements for children in or near their home communities. Because of the differences between large, single county urban regions and the other primarily rural multi-county regions, the information displays in-county placement rates for the four urban regions (Shelby, Davidson, Knox, Hamilton) separately from in-county placement rates for the remaining multi-county regions. For children first entering out-of-home placement between January and the end of June 2005, 89% of children from urban counties were initially placed in their home counties, while 46% of children from multi-county rural regions were initially placed in their home counties.[13] The percentages of in-county first placements for urban and rural regions have remained relatively stable since 2002, when the Department first began to collect this data.

[12] The DCS data presented throughout this section include all children in DCS custody even if they are physically in their homes (in-home placements or trial home visits), whereas the Chapin Hall data presented in this report include only children in out-of-home placement.

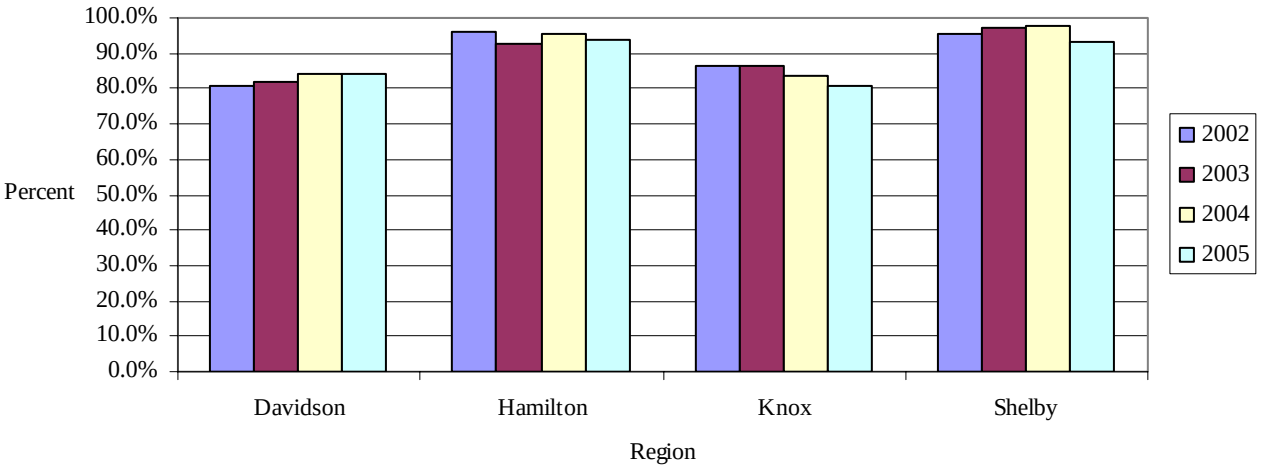
[13] A limitation of the in-county/out-of-county comparison is that for children whose home community is near a county border, an out-of-county placement may be closer to the child's home community than an in-county placement.



Data derived from longitudinal analytic files developed by Chapin Hall from TNKids data through June 30, 2005.

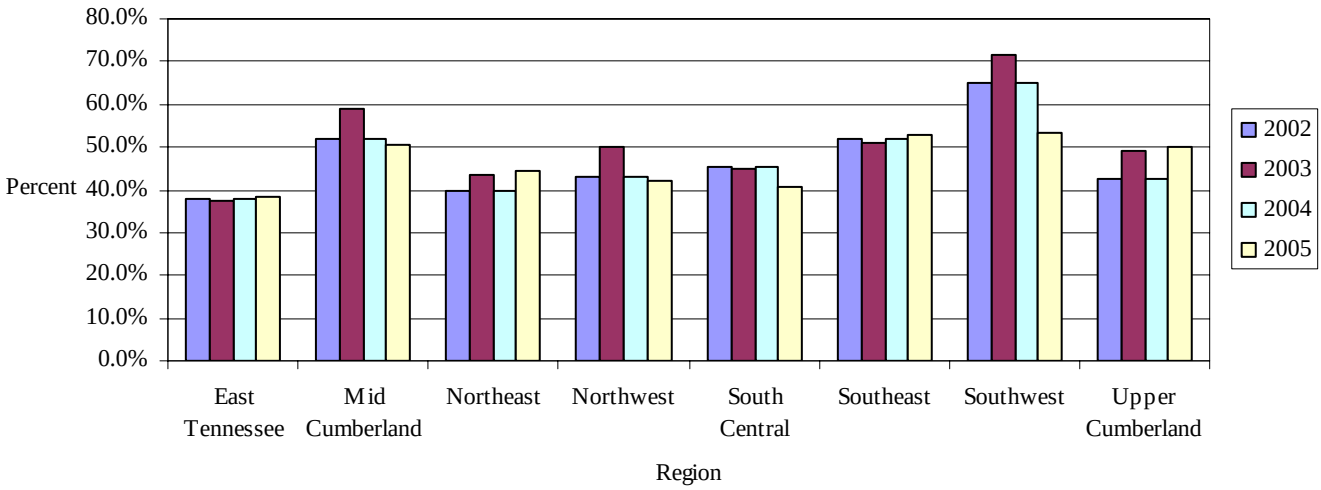
The percentage of in-county first placements from 2002 through the first six months of 2005 for each region are shown in the figures below; Figure DO-14 shows the percentages for urban regions and Figure DO-15 shows the percentages for rural regions. The data show that there is some variation in both urban and rural regions. Shelby and Hamilton are the most successful urban regions; Southwest is the most successful rural region and East is the least successful rural region. More exploration would be necessary to determine the reasons for these regional differences. In addition, it is important to recognize that children whose first placement is within the county may subsequently be moved to placements outside of the county.

Figure DO-14: Urban Regions:
Percent of Children First Placed within County, January 2002 - June 2005



Data derived from longitudinal analytic files developed by Chapin Hall from TNKids data through June 30, 2005. Information about the 2000 and 2001 entry cohorts is not displayed because county data for those years was incomplete.

Figure DO-15: Non-Urban Regions:
Percent of Children First Placed within County, January 2002 - June 2005



Data derived from longitudinal analytic files developed by Chapin Hall from TNKids data through June 30, 2005. Information about the 2000 and 2001 entry cohorts is not displayed because county data for those years was incomplete.

At the beginning of each month, pursuant to a provision in the Settlement Agreement, DCS takes a point-in-time count of the number of *Brian A.* class members placed within 75 miles of their homes (the "*Brian A.* Class 75 Mile Placements" report). The most recent data (as of September 30, 2005) indicate that 92% of *Brian A.* class members are placed within 75 miles of their homes, while 8% are placed more than 75 miles away

from their homes. Over the course of the past year and a half, the percentage of children placed within 75 miles of their homes has remained relatively constant, ranging from 89% to 92%. There is some regional variation in performance on this measure, with a low of 89.5% of children placed within 75 miles in Hamilton County (a county that performed better than others on first placements within the county) and a high of 96.1% in Upper Cumberland. (A graphic display of regional performance on this measure from the September 30, 2005 report is included as Appendix D, Figure D-2.)

Improving Stability While in Placement

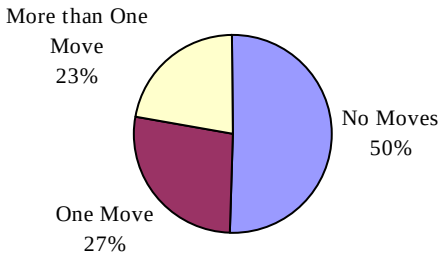
One of the most damaging experiences for children in foster care is the experience of moving multiple times while in foster care. Well-functioning child welfare systems find the right first placement whenever possible, and regularly ensure that a child experiences no more than one move while in care. Matching children with the right foster family and wrapping services around that child and the foster family to make that placement work for the child is the goal.

Children in foster care in Tennessee experience more moves than children in systems in a fair number of other states; therefore, increasing placement stability for children in state custody is of substantial importance. While "zero moves" would be ideal, given the realities of a system still in a relatively early phase of reform, the "no more than one change in placement" standard is probably appropriate at this point.

Data provided in the April report comparing placement stability for children over the past four years reflected that placement stability was basically unchanged over the last four years. This report looks in greater detail than the previous report at the experience of the 2004 entry cohort and provides a statewide baseline against which to measure the Department's progress.

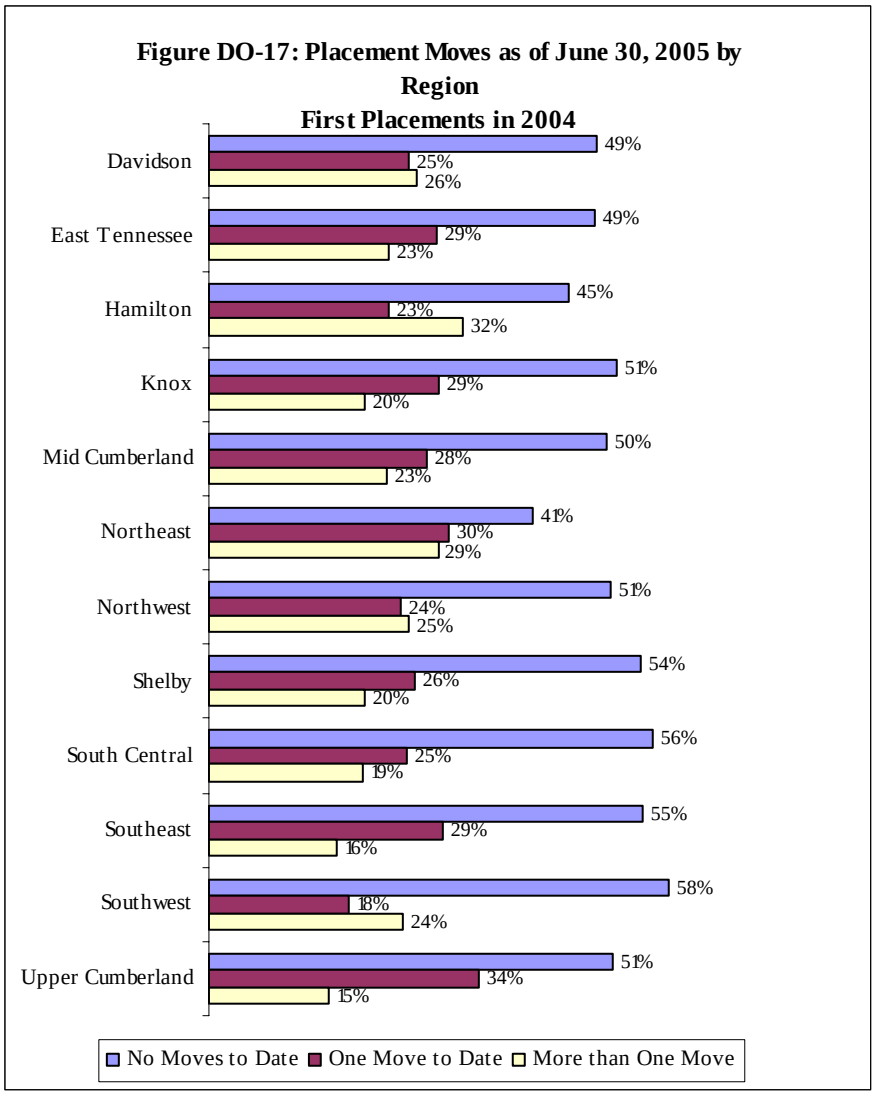
For children first entering out-of-home care in 2004, Figure DO-16 shows the percentages of children who have experienced no placement moves, children who have experienced one move, and children who have experienced two or more moves as of June 30, 2005. Half of the children entering care during 2004 had experienced no placement moves, and another fourth of the children had experienced only one move as of June 30, 2005. Just under a quarter of the children had experienced more than one move.

Figure DO-16: Placement Moves as of June 30, 2005
First Placements in 2004



Data derived from longitudinal analytic files developed by Chapin Hall from TNKids data through June 30, 2005. (A table displaying the numbers on which this figure is based is included as Appendix D, Table D-1.)

Figure DO-17 provides a regional breakdown of this data. There is some variation in the percentages across region. Southwest has the highest percentage of children who have experienced no moves as of June 30, 2005 at 58%, and Northeast has the lowest percentage at 41%. Thirty-two percent of children experienced more than one move in Hamilton, but in Upper Cumberland, only 15% of children experienced more than one move.



Data derived from longitudinal analytic files developed by Chapin Hall from TNKids data through June 30, 2005. (A table displaying the numbers on which this figure is based is included as Appendix D, Table D-2.)

When considering data on placement stability, it is important to know whether the children have exited out-of-home placement or still remain in care, because the children who have already exited will not experience any more placement moves, but the children who remain in care might. Table DO-1 below breaks down the data presented above by whether or not the children had exited care as of June 30, 2005.

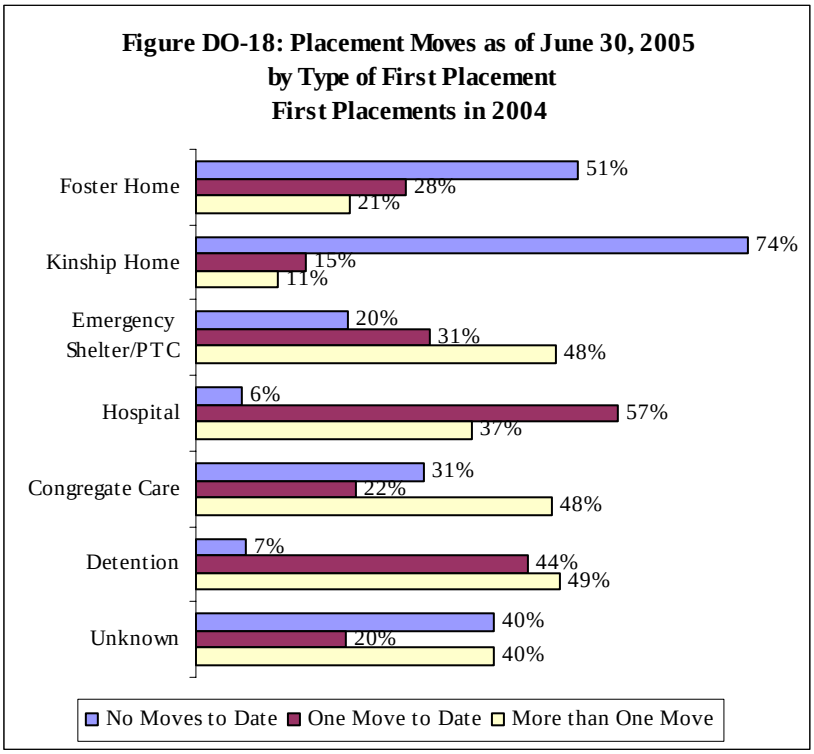
Table DO-1: Movements to Date for Children First Entering Care in 2004 by Exit Status as of June 30, 2005			
First Entrants	Total	Exited Care	Still in Care
Total	5,048	3,240	1,808
Children with no moves to date	2,537	1,868	669
Children with one move to date	1,371	860	511
Children with more than one move to date	1,140	512	628
Row Percent: Within movement category, what proportion of children have already exited care?			
Total	100%	64%	36%
Children with no moves to date	100%	74%	26%
Children with one move to date	100%	63%	37%
Children with more than one move to date	100%	45%	55%
Column Percent: By exit status, what proportion of children experienced moves?			
Total	100%	100%	100%
Children with no moves to date	50%	58%	37%
Children with one move to date	27%	27%	28%
Children with more than one move to date	23%	16%	35%

Data derived from longitudinal analytic files developed by Chapin Hall from TNKids data through June 30, 2005. (Table D-3 in Appendix D provides this data on a regional level.)

The table shows that of the 5,048 children who entered out-of-home placement for the first time in 2004, 64% had exited placement and just over a third still remain in out-of-home placement as of June 30, 2005. Almost three-quarters (74%) of the 2,537 children who exited out-of-home care as of June 30, 2005 did not experience a placement move while in care. In contrast, only 45% of the 1,140 children who experienced more than one move exited care as of June 30, 2005, and more than half (55%) of those children still remained in care as of that date. Also, of the 1,808 children remaining in care as of June 30, 2005, slightly over a third have not experienced a placement move while in care, but 28% have experienced one placement move and 35% have experienced two or more placement moves, for a total of 63% of children remaining in care having experienced a placement move. This means that the majority of children who experience placement moves remain in out-of-home care for longer periods of time, and the majority of children who do not experience placement moves exit out-of-home care in shorter periods of time. Table D-4 in Appendix D provides data suggesting that for children who experience placement moves, most of the moves tend to occur during the first six months in out-of-home care.

Figure DO-18 below provides a breakdown of placement stability data by the child's first placement type when entering out-of-home care. For children entering out-of-home placement for the first time in 2004, those whose first placement was with relatives were less likely to move to another placement setting. Almost three-quarters (74%) of children initially placed with relatives did not experience a placement move while in care.[14]

[14] See Appendix D, Table D-5 for a breakdown of placement stability and first placement type by whether or not the children had exited care as of June 30, 2005.



Data derived from longitudinal analytic files developed by Chapin Hall from TNKids data through June 30, 2005. (A table displaying the numbers on which this figure is based is included as Appendix D, Table D-6.)

Preserving healthy contacts with family

The *DCS Practice Model* and the *Brian A.* Settlement Agreement emphasize the importance of preserving healthy contacts with family. For children with a permanency goal of reunification, it is imperative that children have frequent visits with their parent(s) to strengthen their relationship as they work toward a return home. DCS Policy 16.44BA requires that visitation between children and their families be no less than one hour per week and that every effort be made to ensure children and families have more than one hour per week to visit with one another.

DCS runs a monthly report (titled "*Brian A.* Parent and Child Visitation Summary") that tracks the number of *Brian A.* Class members visiting with their parent(s) at least twice in the reported month, and for the remainder, the number of those visiting at least once. The report includes all *Brian A.* Class members with a current permanency goal of reunification as well as those with a current permanency goal of adoption where full guardianship has not been obtained. It excludes all children placed in-home or on a trial home visit on the last day of the reported month.

The report for the month of August 2005 indicates that 10.0% of children visit their parents at least twice per month, and an additional 16.5% of children visit their parents

once per month. This is an area in which more work will be needed to improve the frequency of children's visits with their parents and to ensure that such visits are appropriately documented.

When children must be brought into out-of-home placement, it is vital to their well-being that they be placed with their siblings whenever possible because it allows them to maintain important relationships and lessens the trauma of being removed from home. If siblings cannot be placed together, it is crucial that they visit with one another on a regular basis; the *Brian A.* Settlement Agreement requires that visits for siblings not placed together occur no less than once per month.

A monthly report run by DCS titled the "*Brian A.* Sibling Groups Placed Together Summary" tracks the total number of sibling groups entering custody within 30 days of each other and of those, the total number and percentage placed together. As of October 1, 2005, 72.3% of the 1,533 sibling groups in care were placed together. (A graphic display of regional performance on this measure from the October 1, 2005 report is included as Appendix D, Figure D-3.)

The Department runs another report called the "*Brian A.* Sibling Visitation Summary" that captures documented visits between siblings not placed together. For the months of July and August 2005, 20.8% of the 336 sibling groups not placed together visited with each other at least once per month, and 28.6% of the 266 sibling groups not visiting monthly visited at least once every two months. This is another area in which improvement in frequency and documentation is needed.

IV. How successful is the Department in achieving permanency for children through safe return to their parents or other family members or through adoption?

One of the goals of federal and state law and the DCS reform effort is to provide children who are placed in foster care with a permanent home—in most cases through reunification with their parents, or through permanent placement with relatives or adoptive families—and to achieve permanency quickly. It is not acceptable for children to languish in foster care in non-permanent situations or to be discharged into situations that do not provide them the stable family or family-like support that the term "discharge to permanency" connotes.

Key findings:

- The timing of exits from foster care has not changed very much over the past five years. The median length of stay (the time by which fifty percent of the children who entered care in a given year have exited the system) has consistently been less than nine months; more than 70% have exited the system within 18 months, and about 80% have exited by 24 months.

- For those exiting custody, the large majority are reunited with parents or placed with relatives. For example, of the children who first entered placement in 2003, 48% have been reunited with their parents, 16% have exited placement into the care of relatives, 5% have been adopted, 8% exited to non-permanent exits (ran away, left care because they reached the age of majority or "aged out"), and 23% remain in placement.

- Children who entered care in 2004 have been exiting care somewhat more quickly than those who entered in the previous two years. The median length of stay for children entering care in 2004 was 6.4 months, compared to 8.7 months for children who entered care in 2003.

- There is a significant variation in median length of stay among the regions. In 2004, the median length of stay ranged from 4.4 months for Davidson to 11.3 months for Knox. It will be especially important for regions to develop an understanding of the factors that contribute to their median lengths of stay and how to view those factors in the context of their efforts to reduce commitment and reentry rates.

- It appears that there has historically been some disparity between African-American and White children in their median lengths of stay. Unless the 2004 cohort data indicates that this disparity is diminishing, some effort should be made to better understand and respond to this disparity.

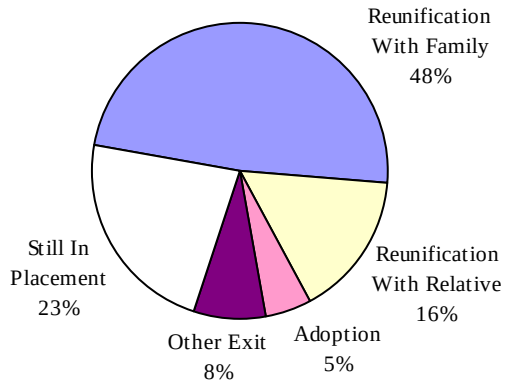
Discussion:

In this section, we present four views of the experience of the population of children placed in foster care in Tennessee, each designed to illuminate a dimension of the permanency question.

The first view addresses the question: What are the typical permanency outcomes for children placed in the foster care system? Figure DO-19 shows the percentage of children first entering out-of-home placement in 2003 who have exited to each exit type as of June 30, 2005. Children exiting to Reunification represent by far the largest percentage of exits. Almost half (48%) of the children entering care in 2003 exited to Reunification with Family, and 16% exited to Reunification with Relatives. Just under one quarter (23%) of children entering care in 2003 were still in care as of June 30, 2005.[15]

[15] Regional data on exits to permanency are included in Appendix E, Figure E-1.

Figure DO-19: Exits as of June 30, 2005 for Children First Placed in 2003



Data derived from longitudinal analytic files developed by Chapin Hall from TNKids data through June 30, 2005. (A table displaying the numbers on which this figure is based is included as Appendix E, Table E-1.)

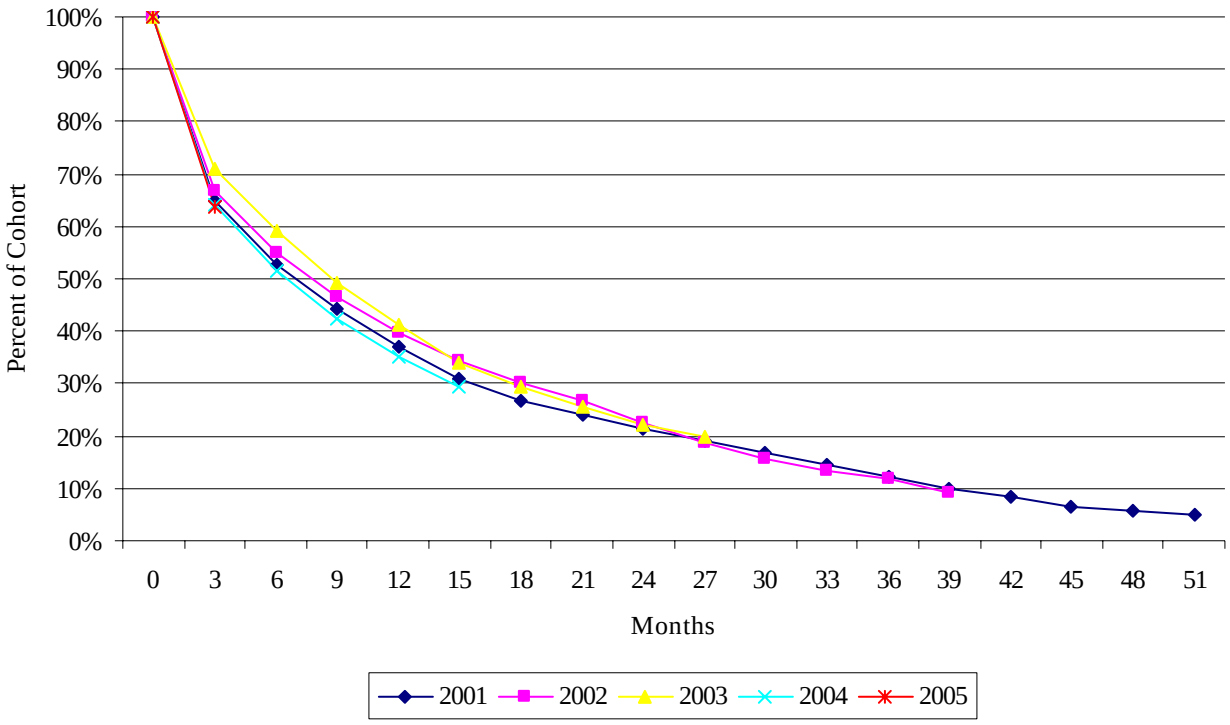
The second view provides more detail about the length of time that children spend in out-of-home placement and examines changes in length of stay over time. Figure DO-20 shows length of stay by duration in months for four entry cohorts, January 2001-June 2005.[16] Each line shows how many children were still in placement after each monthly interval of time. For example, for the 2001 entry cohort, the figure shows that after 39 months, all but 10% of children had been discharged from foster care. If we follow the path back in time, we can trace the pattern of those discharges.

This figure is useful for providing a general sense of the speed at which children from each cohort leave placement—regardless of their exit destination. Length of stay depicted in this way is useful because we can begin to see the shape of the paths or curves—and therefore the speed at which children exit—before all the children have exited from each entry cohort. Steeper curves, which can be observed within the first six months, indicate faster movement out of care. Shallower curves indicate slower exits from foster care.

The data in Figure DO-20 show that the timing of exit from foster care in Tennessee has not changed very much over the last five years. The paths traced by each entry cohort are similar. The figure suggests that children first placed in 2002 and 2003 exited care somewhat more slowly than those first placed in 2001. However, the curve for the most recent cohort (2004) shows exits in a pattern similar to those children placed earlier in the decade, at least for the first 15 months.

[16] The technical term for this statistic is the survival curve.

Figure DO-20: Length of Stay Paths by Duration in Months, First Placements January 2001 - June 2005



Data derived from longitudinal analytic files developed by Chapin Hall from TNKids data through June 30, 2005.

The third view shows how information about length of stay and exit type are related.[17] Figure DO-21 shows the percent of children leaving to each exit type by how long they had been in foster care. The points at interval one in the figure show exits for children who exited within one year of placement as a percent of all children placed. The points at interval two show the proportion of exits that occurred for children who spent at least one year in foster care during the next year-long interval. Similarly, the points at interval three show the proportion of exits that occurred for children who spent two years in foster care. Finally, the points at interval four show the proportion of exits that occurred for children who spent three years in foster care during the next year-long interval, and the points at interval five show the proportion of exits that occurred for children who spent five years in foster care during the next year-long interval.

Displaying the three exit probabilities together—adoption, reunification with family or relative, and other exits (primarily running away or reaching majority)—helps to better understand how the likelihood of certain exits changes over time. For example, family exits (the yellow line) occur more frequently among children with shorter durations in placement and taper off over time. That is, the likelihood of a family exit is highest in the

[17] The technical term for this statistic is the conditional probability of exit by exit type and year.

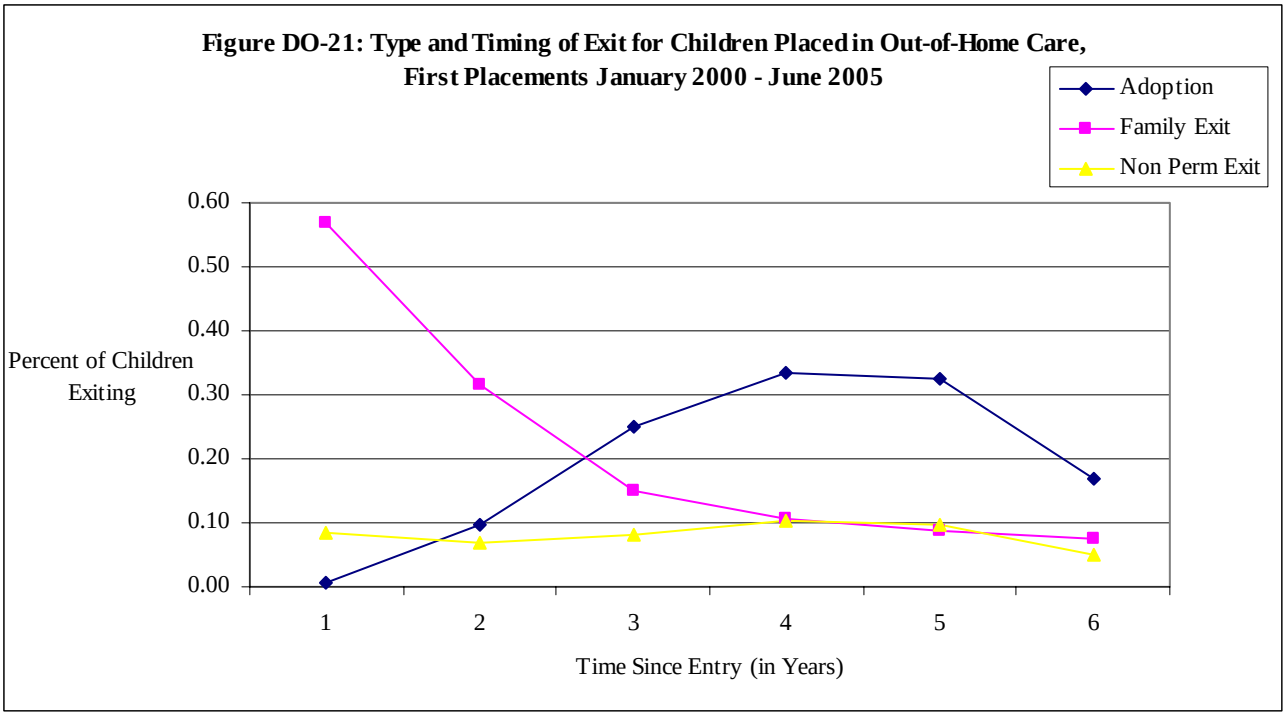
first year and drops significantly in subsequent years. Adoptions (the blue line), on the other hand, occur more slowly, but their probability increases over time.

The points at interval one show that the most common exit for children who spend less than a year in foster care is a "family exit"—a return to the child's birth family or a relative. Between 50-60% of children discharged in the first year follow this path. Not surprisingly, given the typical time it takes to decide that adoption is the best permanency option and the time it takes to complete the adoption process, a small percentage of children who spend less than a year in foster care will be adopted.

Among children who spend more than one year in foster care, the figure shows that as time goes on, these children become less likely to return to a birth parent or relative and more likely to be adopted. For children whose exits occur after their third year in care, those exits are more likely to be to adoption.

The line depicting the percent of children experiencing other exits shows that the likelihood of leaving foster care in another way, generally by running away or reaching the age of majority, is about 10% in each yearly interval.

Figure DO-21: Type and Timing of Exit for Children Placed in Out-of-Home Care, First Placements January 2000 - June 2005



Data derived from longitudinal analytic files developed by Chapin Hall from TNKids data through June 30, 2005.

The fourth view is median durations. Median durations provide information about the 50th percentile in Figure DO-20—that is, the number of months that have passed at the point at which 50% of the children entering care in a given cohort year have exited care. While median durations provide less detail than the data in Figure DO-20, they provide a

useful summary statistic that can be compared over time and across subgroups in the population.[18]

Table DO-2 shows median durations for cohort years 2001 to 2004, statewide and by region. Statewide, 50% of children entering care in 2001 spent 6.8 months in out-of-home placement; that number of months increased to 8.7 by 2003 but decreased to 6.4 for 2004. The regional medians affirm the statewide trends, but indicate that the magnitude of the change differs significantly around the state.

Table DO-2: Median Duration in Months by Region,
First Placements January 2001- June 2005

	Median Duration in Months by Entry Year			
Region	2001	2002	2003	2004
Statewide	6.8	7.6	8.7	6.4
Davidson	8.4	7.8	7.3	4.4
East Tennessee	4.9	4.6	6.5	5.3
Hamilton	6.3	8.4	17.0	8.8
Knox	13.8	14.1	10.8	11.3
Mid Cumberland	6.2	7.1	8.2	7.4
Northeast	7.0	6.8	8.0	6.0
Northwest	9.1	8.7	5.7	5.7
Shelby	7.5	12.3	11.5	8.7
South Central	5.1	5.5	7.5	6.1
Southeast	6.1	7.8	10.5	6.0
Southwest	6.1	7.6	7.8	5.3
Upper Cumberland	8.8	7.3	11.0	7.8

Data derived from longitudinal analytic files developed by Chapin Hall from TNKids data through June 30, 2005.

As with other measures depicting change in duration trends over time, it is important when interpreting these outcome data to keep in mind any changes in case mix over these entry years which may contribute to changes in duration. For example, experience tells us that children placed in foster care as infants or young children tend to spend more time in out-of-home care than children placed as teenagers. If more recent entry cohorts have a larger proportion of younger children than past years, the length of stay in foster care may go up, even though the system's performance with respect to permanency is unchanged.

In addition, data on length of stay should also be viewed in the context of changes in the rate of placement. For example, if a region is bringing large numbers of children into custody unnecessarily and then releasing them fairly quickly, the median length of stay will go down. Similarly, if a region improves its ability to prevent children from having to enter custody by providing effective family support services, the children coming into care will be fewer in number but may represent more difficult family situations and therefore the median length of stay might be expected to rise.

[18] Median durations presented for 2004 should be considered preliminary.

It is also important to view length of stay data in the context of reentry data. The premature release of children to unstable or unsafe settings can lower a median length of stay, but is likely to be reflected in rising reentry rates.

Looking at quartile durations (the number of months at which 25%, 50%, and 75% of children had exited custody) by race can provide information about whether or not there is any disparity in the length of time children of different races remain in care. Table DO-3 below presents quartile durations by race for cohort years 2001 to 2004. It took slightly longer for 25% of African-American children in the 2001-2003 entry cohorts to exit care than it did for 25% of White children in those cohorts. The magnitude of the disparity increases for the 50th percentile as well as for the 75th percentile. Of the children entering out-of-home placement for the first time in 2002, 75% of White children had exited care within 20.6 months, but 75% of African-American children did not exit until 25.9 months. The data in Table DO-3 indicate that African-American children remain in care longer, although data for the 2004 cohort may indicate that this is changing. However, results should be considered preliminary for children entering in the second half of 2004 since too little time has elapsed since entry to fully observe their experience exiting care.

Table DO-3: Time to Exit in Months,
Quartiles by Race and Entry Year,
Children First Entering Care January 2001- June 2005

		Quartile - Percent of Entry Cohort that Has Exited		
Entry Year	Race/Ethnicity	25th	50th	75th
2001	White	1.4	6.7	18.4
	African American	1.7	7.6	23.7
	*Total	1.5	6.8	20.1
2002	White	1.5	7.0	20.6
	African American	1.8	10.9	25.9
	*Total	1.5	7.6	22.1
2003	White	2.1	8.2	19.3
	African American	2.8	11.4	-
	*Total	2.1	8.7	21.6
2004	White	1.5	6.1	16.3
	African American	1.3	7.6	-
	*Total	1.4	6.4	-

Data derived from longitudinal analytic files developed by Chapin Hall from TNKids data through June 30, 2005.
*Total includes all children placed, including children for whom race/ethnicity are not shown here separately and children whose race/ethnicity was unknown or missing.
Blank cells indicate that too few children have exited to calculate a duration for that quartile (or quartile/race combination).

Table DO-4 adds an age dimension to this data. The data reflect that, at least for the 25th and 50th percentiles, African-American infants remain in care longer than any other race and age category. Pretty much across the board, White children in all age categories exit care more quickly than the African-American children in the corresponding age groups.

Table DO-4: Time to Exit in Months,
Quartiles by Age at Entry and Entry Year for White and African-American Children,
First Placements January 2001 - June 2005

			Quartile - Percent of Entry Cohort that Has Exited		
Entry Year	Age at Entry	Race/Ethnicity	25th	50th	75th
2001	Under 1	White	1.7	8.8	24.0
	Under 1	African American	2.5	10.4	29.0
	1 to 5	White	1.2	7.3	24.3
	1 to 5	African American	1.2	9.8	37.7
	6 to 12	White	1.7	9.5	28.5
	6 to 12	African American	1.9	9.5	29.1
	13 to 17	White	1.4	5.6	12.1
	13 to 17	African American	1.7	6.2	13.8
2002	Under 1	White	1.7	9.6	23.4
	Under 1	African American	2.4	14.7	29.1
	1 to 5	White	1.7	9.2	25.7
	1 to 5	African American	2.0	12.1	28.9
	6 to 12	White	1.8	9.9	26.8
	6 to 12	African American	1.9	13.4	34.0
	13 to 17	White	1.3	5.0	12.4
	13 to 17	African American	1.2	7.8	14.7
2003	Under 1	White	2.9	11.6	21.2
	Under 1	African American	3.7	14.3	-
	1 to 5	White	2.1	8.7	21.6
	1 to 5	African American	3.0	13.5	-
	6 to 12	White	2.7	9.8	23.8
	6 to 12	African American	3.0	15.6	-
	13 to 17	White	1.7	6.5	14.1
	13 to 17	African American	1.9	8.0	16.8
2004	Under 1	White	1.9	8.5	-
	Under 1	African American	2.0	12.2	-
	1 to 5	White	1.7	7.5	-
	1 to 5	African American	1.3	6.1	-
	6 to 12	White	1.4	6.0	16.3
	6 to 12	African American	1.9	11.4	-
	13 to 17	White	1.2	4.9	11.5
	13 to 17	African American	1.0	5.6	14.7

Data derived from longitudinal analytic files developed by Chapin Hall from TNKids data through June 30, 2005.

Blank cells indicate that too few children have exited to calculate a duration for that quartile (or quartile/race combination).

SECTION THREE: RESULTS OF ANNUAL CASE FILE REVIEW

I. Introduction and Summary of Findings

The Settlement Agreement establishes a requirement for the Department of Children's Services to conduct an annual case file review under the supervision of the monitor.[19] The Technical Assistance Committee assumed the monitoring responsibilities for oversight of the annual case file review pursuant to the Stipulation entered in December 2003.

In the early years of this reform effort, the Case File Review was a particularly important source of information to the parties and the monitor, because there were few alternative sources of relevant, reliable quantitative and qualitative data. DCS had difficulty in producing useful aggregate data from the TNKids system or from its separately developed "stand alone" databases. Various efforts to hand-collect data and create aggregate reporting from that data were inefficient and prone to error. Furthermore, DCS had no internal qualitative review process for collecting data. The parties and the monitor were therefore overly dependent on the Case File Review as the primary vehicle for monitoring progress with the reform effort. Statistics produced from the Case File Review sample were relied on in lieu of aggregate data for key outcome areas. Qualitative judgments about both child and family outcomes and system performance and practice were made based on case file notes and documentation, in the absence of a Qualitative Service Review.[20]

With the dramatic improvements the Department has made over the past year in TNKids reporting, considerable useable aggregate data is now available on key performance indicators and outcome measures. In addition, DCS, in collaboration with the Tennessee Commission on Children and Youth, has begun conducting Qualitative Service Reviews using a protocol that will provide important qualitative data. As a result of these improvements, the TAC, in consultation with the parties, has been working to tailor the

[19] *Brian A.* Settlement Agreement XI.E.3

[20] There are limits inherent in reviews that examine written records. First, by necessity, case record reviews measure what is documented about a particular child, family, or activity. It is therefore necessary to assume, for purposes of monitoring, that "if it wasn't documented, it wasn't done." This introduces an unknown degree of error into the findings. If the system shows improvement in future reports, it will be impossible to know how much of that improvement represents better performance and how much of it represents better documentation. Second, case record reviews do not assess the accuracy and completeness of the documentation. Third, case record reviews can determine what has been done, but not the quality or effectiveness of what has been done. For example, a reviewer can learn from the case record that there have been six in-person contacts between a case manager and a child over a three-month period and conclude that the case is "in compliance" with a performance standard. But there is no way to judge reliably, from the case record alone, whether those in-person contacts addressed the important issues affecting the child's life, helped the child adjust to her new living situation, etc. Similarly, a case record review can show that there is a permanency plan for the child to return home, but it cannot reveal the extent to which this plan has been diligently implemented nor the likelihood that it can be achieved. A well designed Qualitative Service Review process, involving structured interviews with all of the important individuals involved in a case, is the best way to develop this kind of qualitative data.

Case File Review to focus on particular areas that can complement, supplement, and corroborate these other sources of data. The sample for this year's case file review, the protocol used, and the manner in which the results of the review are reported all reflect this tailoring.

The report that follows is primarily based on a case file review conducted in the spring of 2005 jointly by the TAC monitoring staff and the DCS Quality Assurance staff (both Central Office and regional staff). The parties, in consultation with the TAC, selected the areas addressed in this case file review. With the guidance of the TAC, DCS modified the case file review instrument, which was then shared with the parties. The sample of cases reviewed was randomly selected and stratified by region. An SPSS database was developed by DCS Quality Assurance staff, who also completed the data entry. TAC monitoring staff and DCS Quality Assurance staff performed data cleaning and analysis under the supervision of the TAC. Appendix F provides a more detailed discussion of the methodology for the Case File Review.

In the discussion of the Case File Review findings, reference is made to other sources of information, including some of the Department's aggregate data reports, to provide some additional context for the findings of the Case File Review.

Focus of 2005 Case File Review: The Experience of Recent Entrants into Foster Care

The Case File Review conducted in 2004 drew its sample from the entire population of class members in foster care. This provided a cross section of the population that included both children who had recently come into foster care as well as children who had been in foster care for significant periods of time.

The 2005 Case File Review sample was drawn not from the entire population, but was drawn instead from the group of children who had recently come into foster care—children who (a) came into DCS custody between October 1, 2004, and December 31, 2004 and (b) remained in custody for at least three months. The review period ended on March 31, 2005. This created a sample of children who were in care for a minimum of three months and a maximum of six months. By focusing on these children, the Case File Review findings more closely reflect the impact of current practice and improvement efforts.

Because of the difference between the 2004 and the 2005 sample, it is not possible to use the 2005 case review data to provide a statistical measure of improvement (or lack of improvement) from 2004 to 2005. However, there are three important points to be made regarding the findings of this year's case file review relative to last year's.

First, one would reasonably expect that the Department's performance on a variety of practice indicators included in the 2005 case file review to be better than that reflected by the 2004 case file review. All of the children in this year's sample have come into

custody after the reform effort was well underway. The 2004 sample included children who came into custody both prior to and during the earlier stages of the reform effort.

Second, to the extent that areas of concern identified in the 2004 case file review remain areas of concern in light of the results of this case file review, these areas would warrant special attention by the Department. There should be strategies in place and action steps being implemented that are reasonably expected to address these areas.

Third, and related to this, as the Department moves forward over the next year, it will be important to track improvements on these key indicators, using this year's case file review as a baseline against which to measure the experience of newer entrants into custody.[21]

Summary of Findings

Measured against the goals appropriately set for the Department by the *Path to Excellence* and the *Practice Model*, the Case File Review reflects that the Department is not where it needs to be. Nevertheless, when compared to other state systems that are engaged in major system improvement initiatives, Tennessee has a number of strengths that are apparent from the findings of this year's care file review:

- DCS is making impressive progress in keeping children in normalized settings—placing them with families and keeping children, including many with specialized needs, in regular schools. Children are most often initially placed in family settings rather than in non-family settings. While there is still a need to recruit additional resource families for teenagers, children under the age of 13 are almost always initially placed in family settings. The vast majority of class members continue to attend public rather than in-house schools.

- The majority of children that come into custody are having initial Child and Family Team Meetings and permanency planning CFTMs, with the majority of meetings happening within the required time frames.

- Children were placed with some or all of their siblings in 80% of cases in which children had a sibling(s) in custody.

There are also a number of findings that reflect continuing challenges for the Department's performance. These findings are clustered in four areas: stability (of placement, school, and key relationships); well-being while in care; Child and Family Team formation; and documentation/data accuracy.

[21] The case file review that provides the basis of this report is for the period ending March 31, 2005 and therefore does not reflect any policy or practice changes implemented by DCS since April 1, 2005, nor does it reflect the Department's performance over the past six months. Many of the areas identified in this report are areas in which DCS has been focusing its energy and attention over the past six months.

Stability:

- Children continue to experience far too much instability and disruption because of placement moves and changes in school.

- In the majority of cases in which a child experienced placement disruption, placement stabilization services were not provided to prevent the most recent disruption.

- DCS continues to have difficulty ensuring the frequency and quality of family contact that is so important to maintaining family connections and reducing the trauma of placement.

- DCS case managers continue to have difficulty having contacts with children in placement with the required frequency; documentation lapses make it difficult to fully assess private provider case manager performance in this area.

- Even children who have been in care a relatively short period of time too frequently experience a change in case manager.

Well-Being:

- Follow-up treatment is too often lacking for identified medical and mental health needs.

- In a significant number of cases reviewed, it appeared that children's educational needs were not being adequately addressed.[22]

- DCS procedures for identifying, tracking, and following up on maltreatment and serious incidents need to be integrated and coordinated to ensure that there is appropriate follow-up both in addressing individual situations and in identifying and responding to systemic problems.

[22] The review included questions regarding school attendance and indicators of a need for special education services. Based on case file reviews, concerns were initially identified in approximately 20% of those cases involving school-age children. Based on supplemental information provided by the Department regarding those children identified, concerns remained in approximately half of those cases.

Child and Family Team Formation:[23]

- Significant numbers of older children and youth are not participating in their initial Child and Family Team Meetings.

- School representatives do not appear to be routinely included as members of the Child and Family Team for school-age children.

- Despite the legal mandate that children be represented by a guardian *ad litem*, there are a surprising number of children who do not have a legal advocate.

Documentation and Data Accuracy:

- There continue to be problems with the accuracy of data in TNKids.

- Private provider agencies do not have access to the TNKids system for entering case activity and service provision information, which prevents DCS from holding them accountable for ensuring that their work with children and families is accurately documented in the TNKids file.

- The majority of case files are not updated in a timely manner, negatively impacting the continuous examination process that should be used to track service implementation, check progress, identify emergent needs and problems, and modify services in a timely manner.

[23] It is not possible from a case file review to make any findings regarding the extent to which the Child and Family Team Meetings are of the quality contemplated by the *Practice Model*, and it is not possible to say simply from a person's presence at a Child and Family Team Meeting that the person actively participated in the meeting. However, the absence of an older child from a Team Meeting and the absence of a key school person in cases in which there are significant educational issues, suggests that more attention should be paid to team formation as a prerequisite for an effective Child and Family Team Meeting.

II. Placement

It is traumatic for children to move from their homes to a completely new environment, even when they are at risk of maltreatment in their home environment. A child's home community is the source of that child's identity, culture, sense of belonging, and connection with things that give meaning and purpose to life. For this reason, the *DCS Practice Model* and the Settlement Agreement emphasize placing children with siblings, close to their home and community, and in the least restrictive placement possible, utilizing foster families drawn from a child's kinship network whenever possible rather than placing a child with strangers.

Family members, relatives, friends, and members of a child's community who already have a connection with and commitment to the child are critical potential resources. They can serve as a support network for the children and the family, including serving as possible kinship placements for a child coming into care. For this reason, the Department in its *Practice Model* and implementation plan emphasizes identifying, at the earliest stages of DCS involvement with a family, relatives and others with connections and commitment to the children, and aggressively exploring this natural kinship and community support system for potential foster home placements as an alternative to placing children with strangers or in congregate care facilities. By utilizing kinship foster homes,[24] not only can the trauma of removal be minimized for the child, but available foster homes can be saved for children who do not have those kinship options.

Reviewers looked for documentation of outreach to a child's kinship network at the outset of the case, such as case recordings of actions taken to identify and notify relatives and significant others, the presence of relatives at the initial Child and Family Team Meetings, and the creation of a detailed genogram as part of the initial assessment and case planning. In 50% of the cases the reviewer could not find evidence of a kinship search. This attempt to determine the level of outreach to a child's kinship network from information in the case file was limited by the kind of information that was in the case file.

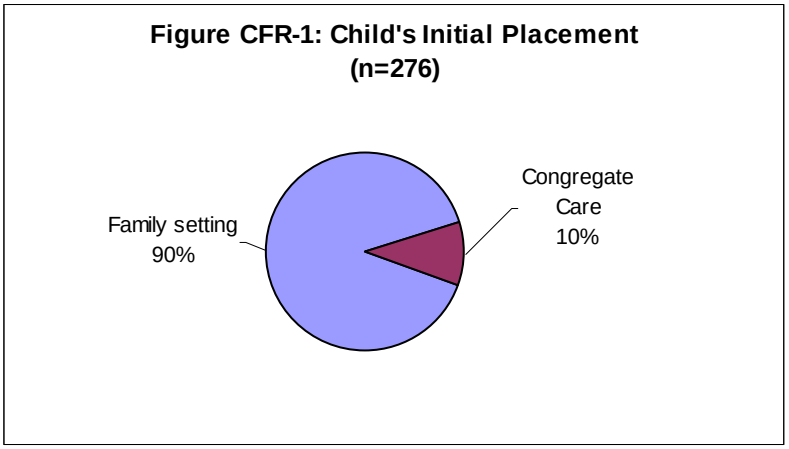
Nevertheless, based on the case file documentation, it would appear that more can be done to routinely identify and utilize a child's own network of support. Additional strategies focused on effectively identifying, engaging, and supporting a child's kinship network are warranted and have great potential to improve both child well-being and system performance in a variety of critical areas.

Child's Initial Placement

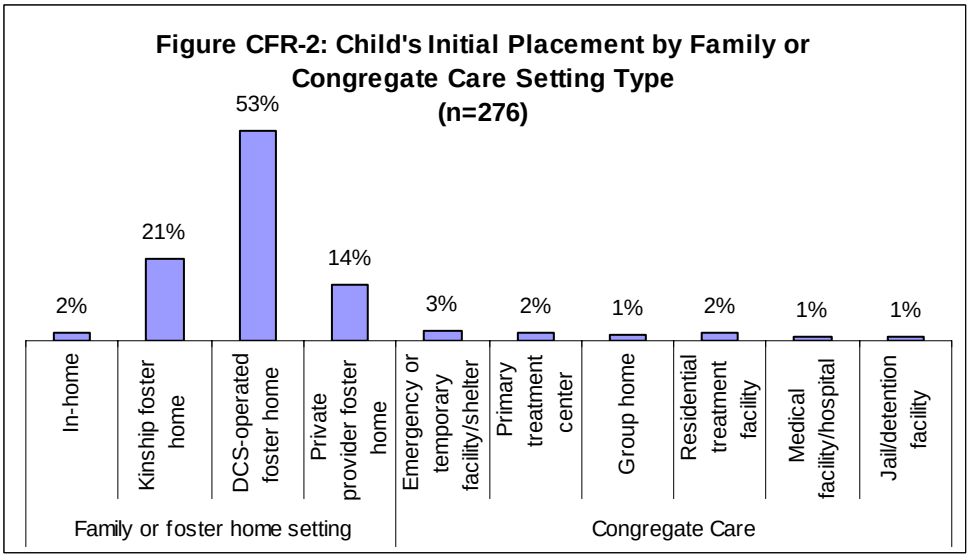
The case file review collected information about the initial placements of children upon entry into custody. Children were initially placed in family or foster home settings in 90% of the 276 cases reviewed. Twenty-one percent of these children were initially

[24] Reviewers used the definition of kinship as found in DCS Policy 16.4: any person who has a significant relationship with the child.

placed in kinship homes. Children were initially placed in a non-family setting in 10% of the cases (28 children). Thirteen of these 28 children were initially placed in emergency shelters or Primary Treatment Centers (PTCs), and 15 were initially placed in other types of congregate care placements.[25] (See Figures CFR-1 and CFR-2.)



Source: *Brian A.* Case File Review, October 1, 2004 – March 31, 2005

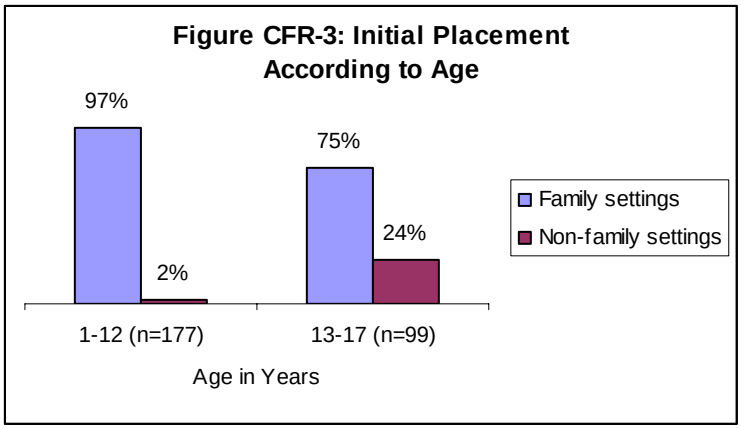


Source: *Brian A.* Case File Review, October 1, 2004 – March 31, 2005

As reflected in Figure CFR-3 below, when initial placement data from the case file review are broken down by age, they reflect that older children are more likely to have initial non-family placements than younger children. Virtually all children under the age of 13 were initially placed in family settings; the only children under 13 not placed in family settings were three infants in medical facilities and one 11-year-old initially placed in a PTC. However, the proportion of 13-17 year olds placed in non-family settings is

[25] In 45 (16%) of the 276 cases reviewed, children were placed in a congregate care setting at some time between October 1, 2004, and March 31, 2005, including initial placements. Very few children who were initially placed in family settings moved to a congregate care setting within the time period covered by the review.

24%. These data indicate that there is an opportunity for improvement in finding family placements for teenagers entering custody.



Source: *Brian A.* Case File Review, October 1, 2004 – March 31, 2005

The Department now issues monthly aggregate reports related to family and congregate care placements.

At the beginning of each month, DCS produces a report that provides information about the initial placement type for all *Brian A.* class children entering custody during the previous month ("*Brian A.* New Entries in Custody"). The report for the month of September 2005 showed that 82.1% of the 397 children entering custody during September were initially placed in family settings, and 17.9% were initially placed in congregate care, a somewhat lower rate of family setting first placements than in the case file review sample.

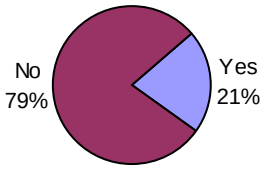
The Department also produces a point-in-time report that provides information about the current placement for all *Brian A.* class children in custody during a certain month ("*Brian A.* Class by Placement Setting and Adjudication"). The September 2005 report showed that 89.9% of children in custody during the month were currently placed in family settings, 7.3% were in congregate care settings, and 2.7% were runaways.

A third report produced by DCS, called the "*Brian A.* Class Report on Number of Children Under Age 6 Placed in Group Care Facility," tracks children under six years old who are placed in congregate care settings. The September 2005 report shows that only one child under age six has been placed in a congregate care setting from January to September 2005.

Figures CFR-4 and CFR-5 below provide a comparison of the percentage of children initially placed in kinship homes and the percentage of children placed in kinship homes

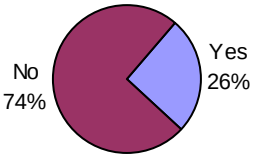
by the end of the review period.[26] Of the 274 cases assessed for kinship placement as of the end of the review period, the child was placed in a kinship home in 26% of the cases, a net increase of 5% from initial kinship placements.[27]

Figure CFR-4: Child Placed in Kinship Home at Time of Entry (n=276)



Source: *Brian A.* Case File Review, October 1, 2004 – March 31, 2005

Figure CFR-5: Child Placed in Kinship Home as of the End of the Review Period (n=274)



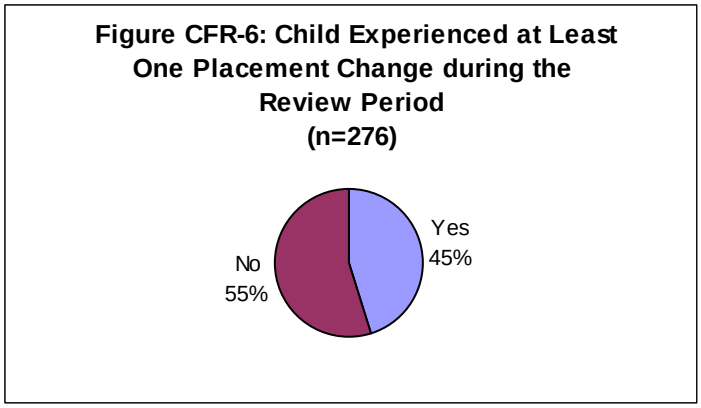
Source: *Brian A.* Case File Review, October 1, 2004 March 31, 2005
n excludes one child without an identified placement at the end of the review period and one case in which the reviewer omitted the question.

Placement Changes

Continuity in caring relationships and consistency of settings and routines are essential for a child's sense of identity, security, attachment, trust, and optimal social development. Ensuring placement stability is a primary responsibility of DCS because the stability of a child's out-of-home placement will impact the child's ability to build trusting relationships and form attachments.

The sample from which the case review was drawn consisted of children who had been in custody for six months or less, and therefore the case file review provides information on stability in the early months in custody rather than overall stability for the foster care population. The shorter the time a child has been in custody, the less opportunity there is for placement moves; however, as the aggregate data in Section Two of this monitoring report show, in fact, most movement for children in care occurs during the first six months in out-of-home placement. (See page 34.) A significant number of children in the sample experienced placement moves. (See Figure CFR-6.)

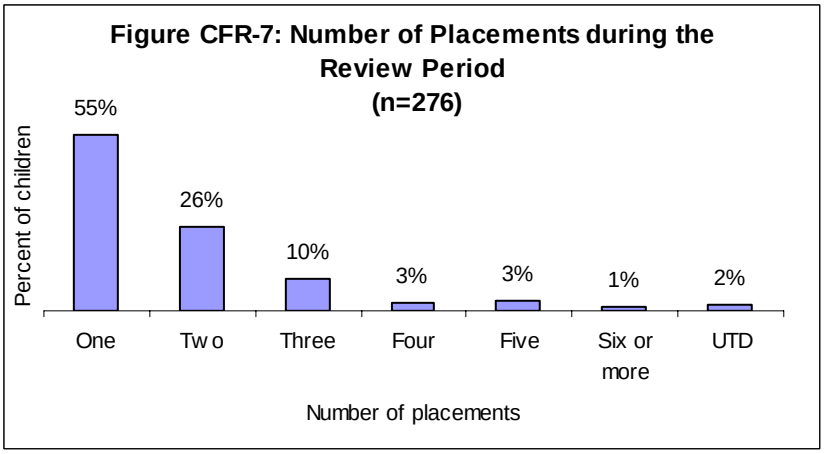
[26] The review period ended on March 31, 2005, for those children still in custody on that date. For those children not remaining in custody on March 31, 2005, the end of the review period was the date the child left custody or began a trial home visit or trial home placement.
[27] The term "net increase" is used because some children who were initially placed with kin were moved to non-kinship placements during the review period.



Source: *Brian A.* Case File Review, October 1, 2004 – March 31, 2005

Figure CFR-7 shows the number of placements that children in the sample experienced during the review period. Fifty-five percent of the children remained in their initial placement throughout the entire review period. However, within the first six months of placement, just over a quarter of the children moved once (experienced two placements) and 19% of children moved two or more times (experienced three or more placements).

In order to provide placement stability for children in custody, it is critical that a good decision be made about a child's first placement. Matching children with the right foster family and wrapping services around that child and the foster family to make that placement work for the child is the goal. Focus should be on improving the placement process so that the percentage of children experiencing "no moves" is increasing and ensuring that those who do move, move no more than once.

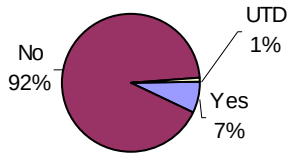


Source: *Brian A.* Case File Review, October 1, 2004 – March 31, 2005

An emergency placement introduces a degree of instability for a child because it is not intended to provide continuity in caring relationships and consistency of settings and routines. It is intended only as a safe place for a child while a good decision about a placement is made or until a placement becomes available. An emergency placement therefore guarantees that the child will experience at least one more move. Children in 7% of the cases reviewed were placed in an emergency or temporary facility (including

PTCs)[28] initially and/or at some other time during the review period.[29] (See Figures CFR-2 and CFR-8.)

Figure CFR-8: Placement in Emergency or Temporary Facility during the Review Period (n=276)



Source: *Brian A.* Case File Review, October 1, 2004 – March 31, 2005

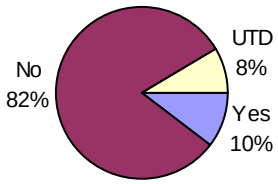
The Department produces a monthly report that tracks all placements of *Brian A.* class children in emergency shelters or PTCs over the past 12 months. The report through the end of September 2005 showed that 411 class members had been placed in an emergency shelter or PTC during the past 12 months. The majority of these children (71.7%) remained in the emergency placement fewer than 30 days; a quarter (25.5%) remained for 30-60 days; and 2.8% remained for more than 60 days. Forty-eight children experienced more than one stay in an emergency placement over the past 12 months.

Foster homes are also sometimes used as emergency placements: a child is intentionally placed in a foster home temporarily while another more appropriate placement is found. Reviewers judged the initial foster home placement as temporary when the intention was specifically documented in the case file or when it was evident from the case file that a child stayed in a foster home for a few days while waiting for a placement decision to be made. A temporary initial foster home placement occurred for 10% of the 244 children initially placed in foster homes. (See Figure CFR-9.)

[28] Children who have behaviors that could put them or others at risk may be placed temporarily in a PTC for assessment in order to determine the most appropriate placement for the child; however, PTCs are sometimes misused as emergency placements when appropriate placements are not available.

[29] The Settlement Agreement requires that children not remain in emergency or temporary facilities, including but not limited to emergency shelters, for more than 30 days. It also requires that children not be placed in more than one shelter or other emergency or temporary facility within any 12-month period (*Brian A.* Settlement Agreement VI.C.2.). Of the 20 cases of children placed in emergency shelters or PTCs, five children remained in the placement longer than 30 days, one child experienced more than one such placement, and two children remained longer than 30 days and also experienced more than one such placement.

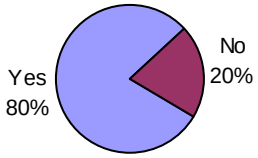
Figure CFR-9: Initial Placement in Foster Home was Intended to be Temporary (n=244)



Source: *Brian A.* Case File Review, October 1, 2004 – March 31, 2005
n equals all cases of children who were initially placed in a foster home

Case files documented the reason for the most recent placement change in 80% of the 124 cases in which a child changed placements during the review period. (See Figure CFR-10.)

Figure CFR-10: Case File Documents Reason for Placement Change (n=124)

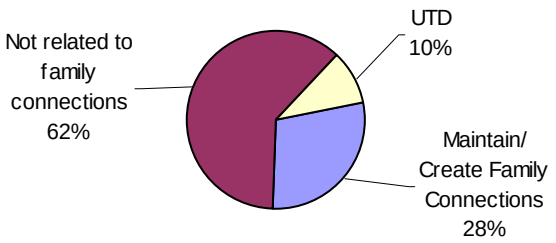


Source: *Brian A.* Case File Review, October 1, 2004 – March 31, 2005
n equals all cases of children who changed placements during the review period

Figure CFR-11 displays reviewers' judgments about the reasons for the most recent placement change during the review period.[30]

[30] In cases in which a reason for the most recent placement change was not clearly documented in the case file, reviewers could sometimes determine the reason for the placement change from indicators in the case file, such as looking at the placement history (for example, a move from a more restrictive setting to a less restrictive setting would be interpreted and documented by a reviewer as a step down).

Figure CFR-11: Reason for Most Recent Placement Change during the Review Period (n=124)

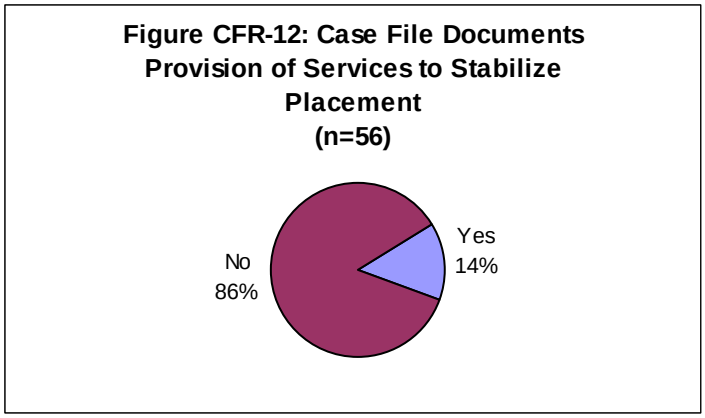


Source: *Brian A.* Case File Review, October 1, 2004 – March 31, 2005
n equals all cases of children who changed placements during the review period

A placement change that is made for the purpose of maintaining or creating family connections is most often considered to be in the best interest of the child because family connections and community ties are so critical for a child's healthy development. In addition, movement in this direction is often a move towards permanency for the child. Reviewers judged that the child's most recent placement change was made in order to maintain or create family connections in 28% of the 124 cases in which the child changed placements during the review period. Maintaining or creating family connections included such moves as a placement with siblings, a move to be closer to birth family, placement with a relative, placement with a pre-adoptive or adoptive family, and a move between relatives. The reviewers judged that the child's most recent placement change was not related to maintaining or creating family connections in 72% of these cases. Examples of moves not related to maintaining or creating family connections are moves due to safety concerns, moves from a placement that was inappropriate for the child, a move due to behavior problems of the child, a move from a temporary placement, a step up or a step down from a different level, and moves due to difficulties faced by the foster parents. The reviewer was unable to determine the reason for the placement change in 10% of these cases.

Reviewers judged that services should have been provided to stabilize the placement from which the child moved in 56 cases. The case file documented that services were provided to stabilize the placement in 14% of these 56 cases. (See Figure CFR-12.) The case files documented that stabilization services were offered but declined by the resource parent or placement in 7% of these cases.[31]

[31] This percentage is based on reviews of 55 of the 56 cases, because a reviewer failed to look for this information with respect to one case.



Source: *Brian A.* Case File Review, October 1, 2004 – March 31, 2005
n equals all cases in which the most recent placement change was a disruption or for which the reviewer could not determine the reason for the most recent placement change

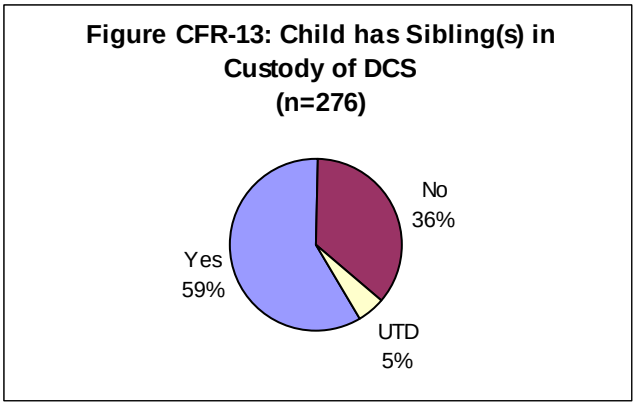
Placement stability is not the only factor that affects the stability of children in care. It is important to ensure that children also have continuity of relationships and consistency of settings and routines in other areas. Changing schools and changing case managers are among the disruptions that contribute to instability for children in foster care. Findings related to these kinds of stability indicators are discussed later in this Section.

Sibling Placement

The *DCS Practice Model* recognizes the importance of maintaining and nurturing sibling relationships. The Settlement Agreement requires that "siblings should be placed together, unless doing so causes harm to one or more of the siblings, one of the siblings has such exceptional needs that can only be met in a specialized program or facility, or the size of the sibling group makes placement impractical notwithstanding diligent efforts to place the group together."[32]

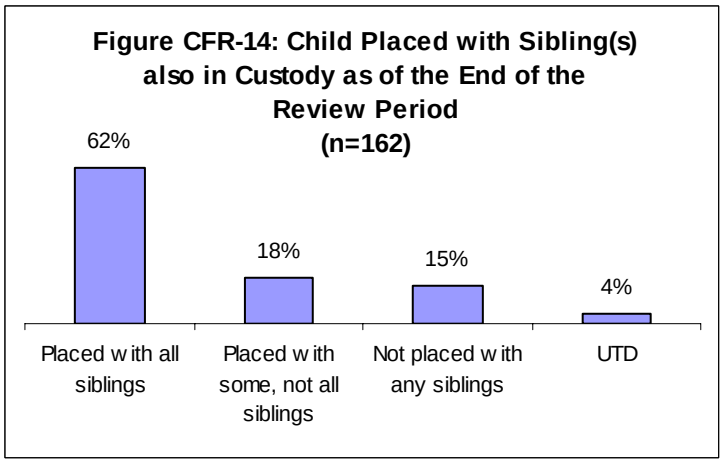
In 59% of the 276 cases reviewed, the child had one or more siblings also in custody. For an additional 5% of cases, the reviewer could not determine from case file documentation whether or not the child had a sibling also in custody. (See Figure CFR-13.)

[32] *Brian A.* Settlement Agreement VI.C.6.



Source: *Brian A.* Case File Review, October 1, 2004 – March 31, 2005

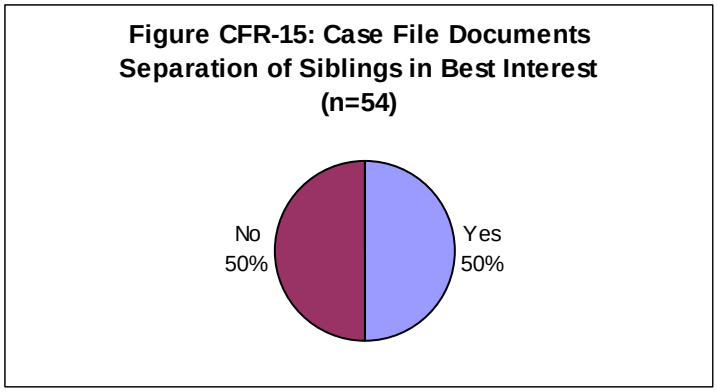
As of the end of the review period, a total of 80% of the 162 cases of children who had a sibling(s) also in custody were placed with some or all siblings. The child was placed with all of his or her sibling(s) in 62% of the cases, and the child was placed with some but not all siblings in 18% of the cases. The child was not placed with any siblings as of the end of the review period in 15% of the cases, and the reviewer was unable to determine from case file documentation whether or not the child was placed with siblings in custody in 4% of the cases. (See Figure CFR-14.)



Source: *Brian A.* Case File Review, October 1, 2004 – March 31, 2005
n equals all cases of children with siblings also in custody

For cases in which children were separated from some or all of their siblings as of the end of the review period, reviewers looked for information in the case files about whether the case manager or the Child and Family Team had decided that the separation was in the best interest of the siblings. The case file contained documentation that separation was judged to be in the best interest of the siblings in half of the 54 cases in which the child

was not placed with all siblings as of the end of the review period.[33] (See Figure CFR-15.)



Source: *Brian A.* Case File Review, October 1, 2004 – March 31, 2005
n equals all cases of children not placed with all siblings as of the end of the review period

The Department runs a point-in-time report at the beginning of each month that tracks whether or not siblings in custody are placed together as of the date of the report ("*Brian A.* Sibling Groups Placed Together"). All siblings were currently placed together for 72.3% of the 1,533 sibling groups in custody as of October 1, 2005.[34]

[33] Reviewers did not independently assess the accuracy of the facts asserted as the reason for separation or the clinical appropriateness of the decision that those facts justified the separation decision. The data indicate only the percentage of case files documenting that a conscious decision was made that the separation was in the best interest of the siblings; it does not represent the TAC's assessment of the appropriateness of this decision in these cases.

[34] The "*Brian A.* Sibling Groups Placed Together" report includes only *Brian A.* sibling groups in which the siblings entered custody within 30 days of one another.

III. Visits and Family Contact

There are a variety of visits and contacts that the Case File Review was designed to measure: between the child and the primary caregiver(s), the child and his or her siblings if they are placed separately, the child and the case manager, the case manager and the child's family of origin, and the case manager and the child's foster parents or facility staff. [35]

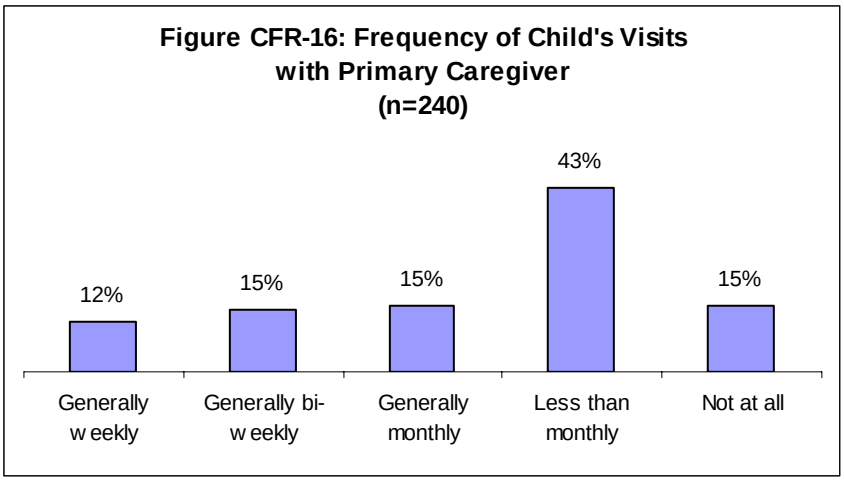
Child-Parent Visits

The *DCS Practice Model* and the Settlement Agreement highlight the importance of preserving family relationships through meaningful visits between the parents and child that provide an atmosphere conducive to developing and maintaining non-detrimental family relationships and attachments, regardless of the permanency goal. DCS policy states that visitation between children and their families shall be no less than one hour per week, and that every effort shall be made to ensure that children and families have more than one hour per week to visit with one another.[36]

Of the 276 cases reviewed, 240 cases indicated that visits would be appropriate and expected between the child and his or her primary caregiver. Of those 240 cases, 42% documented visits between the child and primary caregiver at least one time per month. Forty-three percent of cases documented visits between the child and primary caregiver less than monthly, and 15% of the cases did not document any visits occurring between the child and primary caregiver between October 1, 2004 and March 31, 2005. Only 12% of cases documented weekly visits. (See Figure CFR-16.)

Because of inadequate documentation, it was difficult for reviewers to determine the frequency of these visits in all cases. Reviewers noted in many cases that visits seemed to be occurring more frequently based on statements in the case file that alluded to visits having occurred more regularly than specifically documented. For instance, the case file might include a mention of a visitation schedule, without any further indication that the visits actually occurred. This often happened when visitation was scheduled and facilitated by someone other than the case manager, such as a relative or a foster parent. Because reviewers were instructed to only count those visits that were specifically documented in the case file, the data likely reflects a lower percentage of visits in a number of cases than actually took place. It would be beneficial to discuss how documentation of frequent visits, especially visits for which the case manager is not present, can be recorded more accurately without overburdening the case manager.

[35] Throughout this section, reviewers counted any contact between the parties as a visit if there was evidence of interaction; therefore, the term "visit" as it is used in this report does not necessarily indicate a time specifically set aside for the parties to be together.
[36] DCS Policy 16.44 BA



Source: *Brian A*. Case File Review, October 1, 2004 – March 31, 2005
n excludes cases in which parental rights were terminated or the caregiver's whereabouts were unknown; cases in which the child was placed with the primary caregiver; cases in which contact with the caregiver was not in the child's best interest; one case for which the reviewer did not assess these visits because the caregiver frequently did not show up for the arranged visits; and one case in which the reviewer omitted the question.

Although data was collected on supervised and overnight visits, reviewers could not judge the appropriateness of these visits based on case file documentation. Additionally, since case file reviews are quantitative in nature, information about the quality of visits could not be collected. However, the type of the visit between the child and primary caregiver was specified in case file documentation. Of the 240 cases assessed for visits, there were 204 cases where visits occurred.[37] Of these 204 cases, 62% of visits were supervised, 16% of visits were unsupervised, 17% of visits were a combination of supervised and unsupervised, and 5% had insufficient documentation to determine whether the visits were supervised or unsupervised. Overnight visits occurred in 21% of the 204 cases. As DCS moves forward to ensure quality visitation, it will be important to develop measures of improvement in the quality as well as the frequency of visitation.

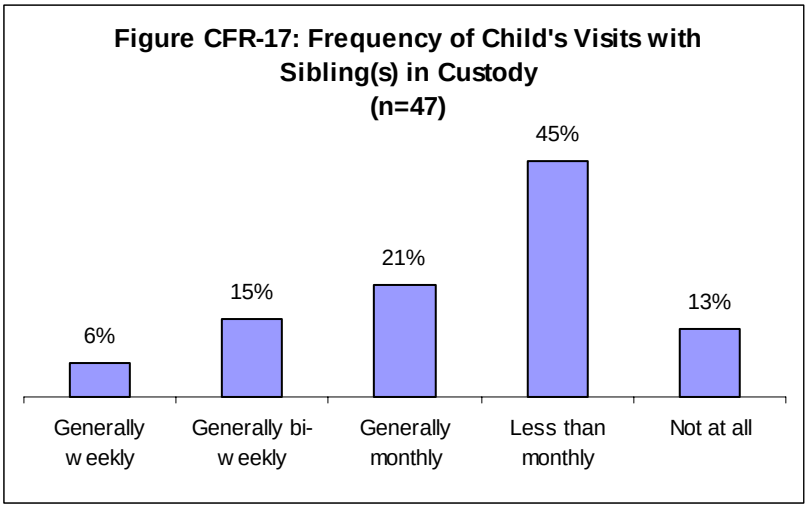
In the monthly "Parent-Child Visit Compliance Report," the Department tracks the frequency of children's visits with their parent(s).[38] A total of just over one quarter (26.5%) of the children visited with their parents during August 2005; 10.0% visited at least every two weeks, and an additional 16.5% visited once during the month.

[37] Figure CFR-16 shows that visits occurred during the review period in 203 (85%) cases. There was one additional case for which the reviewer omitted the frequency of visits (see note to Figure CFR-16) but indicated the type of visits that occurred, and this case is included as the 204th case assessed for visit type.
[38] The "Parent-Child Visit Compliance Report" includes *Brian A.* class members with a permanency goal of Reunify with Parent or Adoption where full or joint guardianship of the child has not been attained, and it excludes children who are placed in-home or are on a trial home visit as of the last day of the month.

Sibling Visits for Siblings Placed Apart

The *Practice Model* emphasizes the importance of helping siblings who are placed separately maintain and develop their relationships by providing regular opportunities for them to visit each other. The Settlement Agreement requires that siblings not placed together visit each other as frequently as necessary, when appropriate, but no less than once per month.[39]

Of the 276 cases reviewed, 47 were identified as appropriate for the child to visit siblings who were also in custody. [40] Of the 47 cases, 42% documented visits between the child and siblings at least one time per month. Forty-five percent of the cases documented visits between the child and siblings as occurring less than monthly, and 13% of the cases did not document any sibling visits. (See Figure CFR-17.)



Source: *Brian A*. Case File Review, October 1, 2004 – March 31, 2005
n equals all cases in which the child had siblings in custody with whom he or she was not placed and with whom visits would have been appropriate and excludes one case in which the reviewer omitted the question.

The Department runs a report called the "*Brian A.* Sibling Visitation Summary" that captures documented visits between siblings not placed together. For the months of July and August 2005, 20.8% of the 336 sibling groups not placed together visited with each other at least once per month, and 28.6% of the 266 sibling groups not visiting monthly visited at least once every two months.

[39] *Brian A.* Settlement Agreement XVI.B.2a-b.

[40] The reviewer was unable to determine whether or not sibling visits should be assessed in 25 cases due to inadequate documentation in the case files. The reviewer was unable to determine whether the child's siblings were in custody in 15 cases, whether siblings were placed together or separately in 7 cases, and whether sibling visits were appropriate in 3 cases.

Case Manager-Child Visits

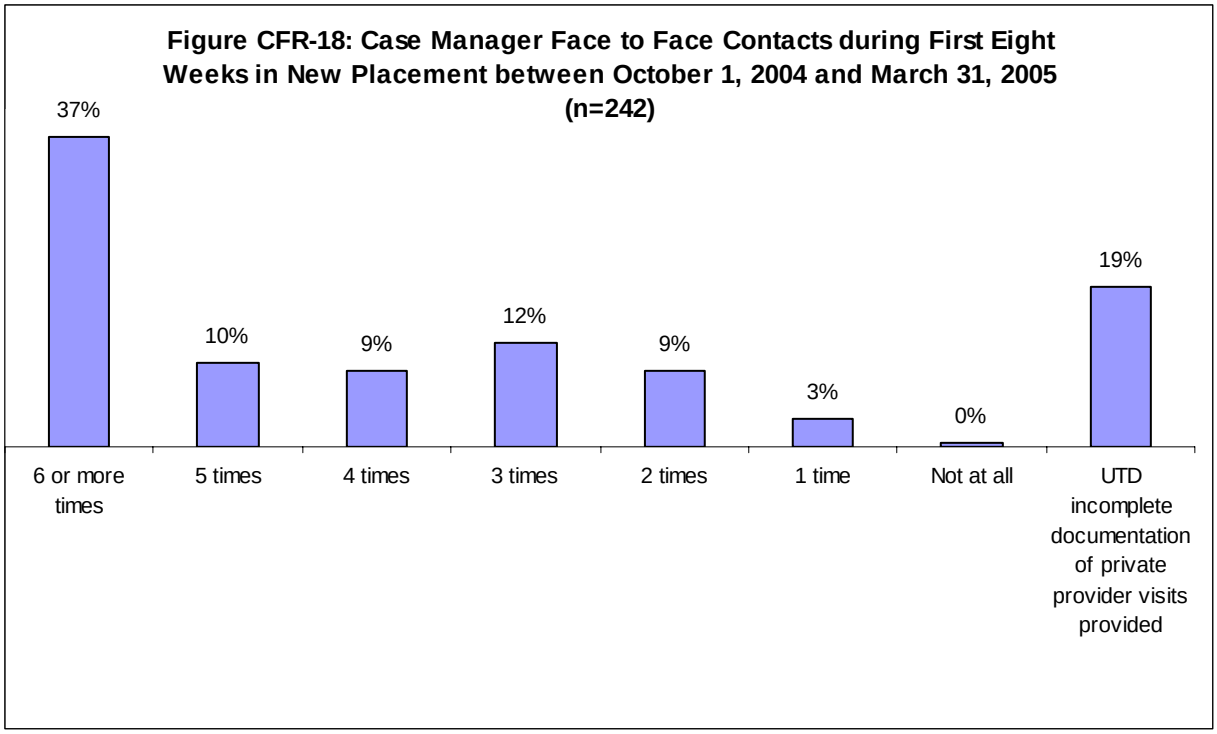
Visits between the case manager and child assist in ensuring the stability and well-being of the child. Visits allow the case manager to assess how the child is adapting to his or her placement, to monitor safety issues, and to stay current on the various issues affecting the child on a regular basis. Visits at the child's placement are particularly valuable when assessing safety issues and allow the case manager an opportunity to interact with foster parents or facility staff. They allow for the early identification of problems stemming from the home or facility and keep the case manager apprised of needed services. Ensuring that the case manager and child have time for private conversation away from the caregiver further ensures the identification of problems and allows the child to talk openly with the case manager about any concerns.

The Settlement Agreement contemplates that the time immediately following removal from a home of origin or a movement from one placement to another is unsettling for the child and therefore requires more frequent contact between the case manager and child than that needed once a child has had a chance to settle into a placement. It therefore requires that case managers visit a child six times during the first eight weeks in a new placement. In a private provider-managed case, expectations for private provider case manager visits are the same as those for DCS case managers with children in DCS foster homes.[41]

Of the 242 cases assessed for visits during the first eight weeks in a new placement, the case file documented that all of the required visits between the case manager and the child occurred in 37% of the cases. In 68% of the cases, the child was visited three or more times during the first eight weeks. Of particular concern are the 3% of cases in which the child had one contact with the case manager and the one case (0%) in which there were no contacts documented during the first eight weeks in the new placement. In 46 private provider-managed cases (19% of the 242 total cases assessed for these visits), documentation of visits was incomplete or not present.[42] (See Figure CFR-18.)

[41] *Brian A.* Settlement Agreement VI.K.1-2.

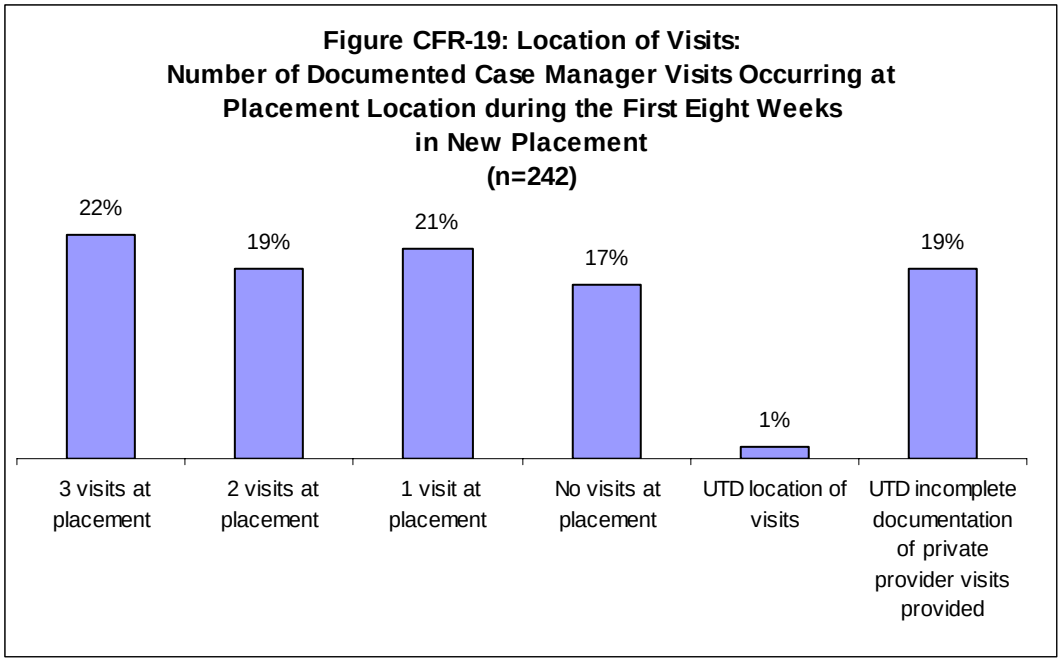
[42] Reviewers assumed that if a visit was not specifically documented in the case file, the visit did not happen. The only exception to this was in looking at private provider case manager visits. When a case is managed by a private provider, the private provider case manager keeps a record of all case activities and contacts with the parties and sends that record to the DCS case manager on a regular basis, usually monthly. In many private provider-managed cases, this documentation of case activities was not present in the case file for one or more months during the review period. When documentation for a portion of the review period was present in the file, it often indicated visits in compliance with the Settlement Agreement (or more frequently). This suggests that for private provider-managed cases, the difficulty may be more with communication between the private provider and DCS than with case practice. In order to gather information on the extent to which communication between agencies was a problem, the case review protocol allowed reviewers to indicate "Unable to determine—incomplete documentation of private provider visits provided" for private provider-managed cases that were missing one or more months of documentation from the private provider. This was not an option for DCS-managed cases since the DCS case manager alone is responsible for documenting visits and there is no possibility that the problem is with transfer of information between agencies.



Source: *Brian A.* Case File Review, October 1, 2004 – March 31, 2005
n equals all cases in which the child had been in the current placement at least eight weeks with the exception of one case of a child in an ICPC placement.

The Settlement Agreement also requires that at least three of the visits during the first eight weeks a child is in a new placement should take place in the child's placement.[43] This allows the case manager to observe the child in his or her current environment as well as to assess safety and other issues in the home or facility. The case file documented that at least three of these visits occurred in the child's placement in 22% of the cases. (See Figure CFR-19.)

[43] *Brian A.* Settlement Agreement VI.K.1-2.



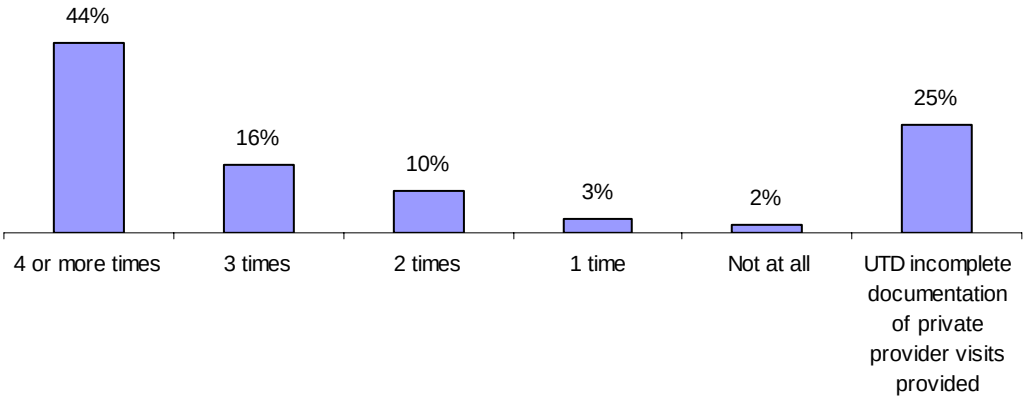
Source: *Brian A.* Case File Review, October 1, 2004 – March 31, 2005
n equals all cases in which the child had been in the current placement at least eight weeks with the exception of one case of a child in an ICPC placement.

The Settlement Agreement requires less frequent visits—biweekly visits—once children have been in a placement for more than eight weeks.[44] As shown in Figure CFR-20, case managers were better able to meet the less stringent Settlement Agreement requirements for the second eight weeks a child was in a placement.

Of the 183 cases assessed for visits during the second eight weeks in a new placement, the case file documented that all of the required visits between the case manager and the child occurred in 44% of the cases. There was particular concern for 5% of children receiving fewer than two visits during the second eight weeks in a placement. In 46 private provider-managed cases (25% of the 183 cases assessed for these visits), documentation of visits was incomplete or not present.

[44] *Brian A.* Settlement Agreement VI.K.1-2.

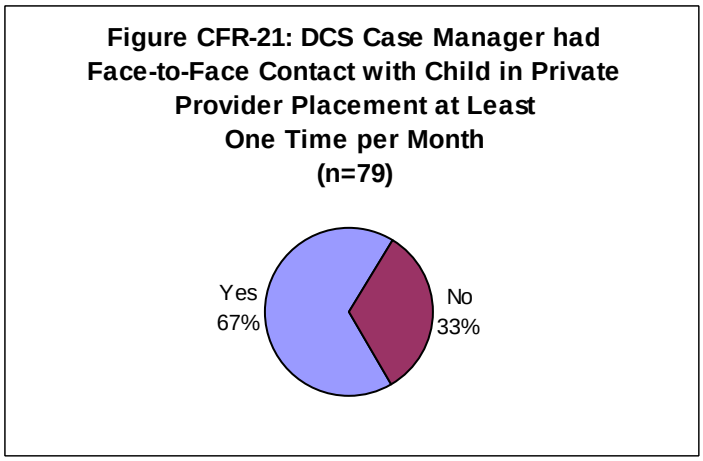
Figure CFR-20: Case Manager Face to Face Contacts during Second Eight Weeks in Placement between October 1, 2004 and March 31, 2005 (n=183)



Source: *Brian A.* Case File Review, October 1, 2004 – March 31, 2005
n equals all cases in which the child had been in the current placement at least sixteen weeks with the exception of one case of a child in an ICPC placement.

Although the Settlement Agreement requires that case managers in private provider-managed cases make visits with the same frequency as DCS case managers in DCS-managed cases, the Settlement Agreement also includes a few additional visiting requirements for children in private provider-managed homes. These requirements include a monthly face-to-face visit between the DCS case manager and child at the private provider-managed placement.[45] For the purposes of this review, reviewers determined whether or not monthly visits occurred but did not record whether or not the visits occurred in the child's placement. The DCS case manager visited the child at least one time per month in 67% of the 79 cases in which the child was in a private provider placement as of the end of the review period. (See Figure CFR-21.)

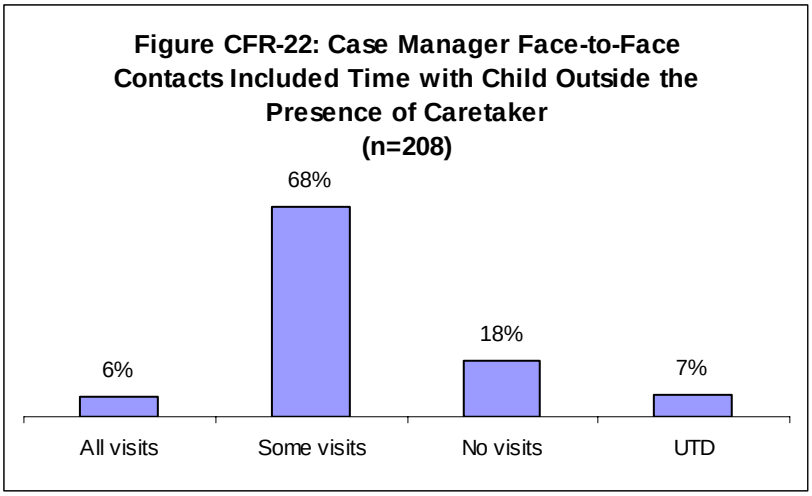
[45] *Brian A.* Settlement Agreement VI.K.2.b.



Source: *Brian A.* Case File Review, October 1, 2004 – March 31, 2005
n equals all cases of children in a private provider placement for at least one month as of the end of the review period and excludes one case in which the reviewer omitted the question.

The Settlement Agreement requires that each visit between the case manager and the child include a private meeting between them outside of the presence of the caregiver in order to provide an opportunity for open communication from the child. Children under the age of two are excluded from this visit practice.[46]

The case file documented private time between the case manager and the child during the visit in about three-quarters (74%) of the 208 cases of children at least two years or older. (See Figure CFR-22.)



Source: *Brian A.* Case File Review, October 1, 2004 – March 31, 2005
n excludes all cases of children under 2 years old, one case of a non-verbal child with severe disabilities, one case of a child in an ICPC placement, and one case in which the reviewer omitted the question.

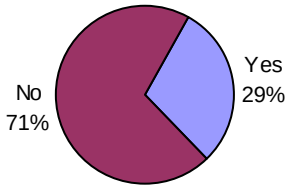
[46] *Brian A.* Settlement Agreement VI.K.1.

Sometimes reviewers found specific documentation from the case manager that the visit included private time with the child, but other times it was evident from the circumstances of the visit (such as a visit at school or a transport to an appointment) that the case manager spent time with the child outside the presence of the caregiver. The data show that a significant majority of case managers are documenting private time with the child during at least some of the visits, although very few documented such private time during every visit. The findings may represent a documentation problem rather than a case practice issue; improved documentation of visits may reveal that the private visits are happening in accordance with the Settlement Agreement much more frequently.

In private provider-managed cases, it is important that the DCS case manager and private provider visit jointly with the child in his or her placement on a regular basis so that they are able to substantively discuss the case with each other, the foster parents/facility staff, and the child. For this reason, the Settlement Agreement requires that the private provider case manager accompany the DCS worker to his or her monthly visit with the child at least once every three months.[47]

The case file documented joint quarterly visits in 29% of the 68 cases of children in a private provider placement for at least three months during the review period. (See Figure CFR-23.) Reviewers determined whether or not joint quarterly visits were occurring but did not record whether or not the visits occurred in the child's placement.

Figure CFR-23: DCS and Private Provider Case Managers Visited Jointly with Child at Least Once Every Three Months (n=68)



Source: *Brian A.* Case File Review, October 1, 2004 – March 31, 2005
n equals all cases of children in a private provider placement for at least three months during the review period.

In the "*Brian A.* Client-Case Manager Face-to-Face Contacts" report, the Department tracks the frequency of case manager contacts with *Brian A.* class members each month. During August 2005, more than half (56.4%) of *Brian A.* class members had two or more visits with their case manager, and an additional 28.6% of class members had one visit with their case manager. However, 14.9% of class members did not have any visits with their case manager during the month of August 2005.

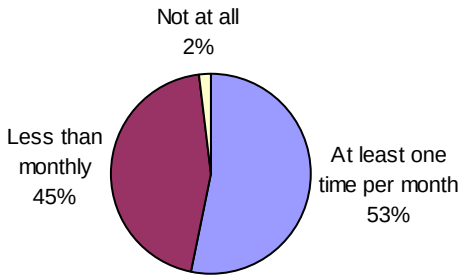
[47] *Brian A.* Settlement Agreement VI.K.2.b.

Case Manager-Family of Origin Visits

Although the Settlement Agreement does not establish specific requirements for case manager visits with parents, DCS policy states that face-to-face visits must take place no less than once each month.[48]

Of the 242 cases assessed for face-to-face contact between the family of origin and the DCS case manager, slightly more than half (53%) documented visits occurring at least once per month. Forty-five percent of cases documented visits occurring less than monthly and 2% of the cases did not document any visits during the review period. (See Figure CFR-24.)

Figure CFR-24: Frequency of DCS Case Manager Visits with Family of Origin (n=242)



Source: *Brian A.* Case File Review, October 1, 2004 – March 31, 2005
n excludes cases in which parental rights have been terminated or the family of origin is unwilling to have contact with the DCS case manager, one case of a child in an ICPC placement, and three cases in which the reviewer omitted the question.

Of the 82 cases assessed for face-to-face contact between the family of origin and the private provider case manager, 11% documented visits occurring at least monthly. Eleven percent documented visits occurring less than monthly and 1% did not document any visits during the review period. Reviewers were unable to determine the frequency of private provider case manager visits with the family of origin due to incomplete documentation in more than three-quarters (77%) of the private provider cases.

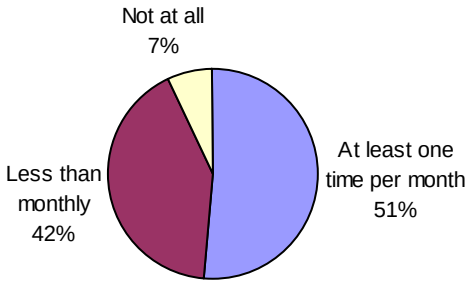
Case Manager-Foster Parent/Facility Staff Visits

Although the Settlement Agreement does not specifically address visits between the case manager and foster parent or facility staff, DCS Policy states that face-to-face visits must take place no less than once each month.[49]

[48] DCS Policy 16.38 BA
[49] DCS Policy 16.38 BA

Of the 264 cases assessed for face-to-face contact between the foster parent or facility staff and the DCS case manager, half (51%) documented visits occurring at least once per month. Slightly less than half (42%) documented visits occurring less than monthly and one case did not document any visits during the review period. (See Figure CFR-25.)

Figure CFR-25: Frequency of DCS Case Manager Visits with Foster Parents or Facility Staff (n=264)



Source: *Brian A.* Case File Review, October 1, 2004 – March 31, 2005
n excludes cases in which the child is placed with the family of origin, one case of a child in an ICPC placement, one case of a child with no identified placement, and two cases in which the reviewer omitted the question.

Of the 91 cases assessed for face-to-face contact between the foster parent or facility staff and the private provider case manager, 12% documented visits occurring at least once per month. Eight percent of the cases documented visits occurring less than monthly during the review period. Reviewers were unable to determine the frequency of private provider case manager visits with the foster parent or facility staff due to incomplete documentation in more than three-quarters (80%) of the private provider cases.

IV. Planning

The *Brian A.* Settlement Agreement sets guidelines for minimum frequency of Child and Family Team Meetings (CFTM) that are focused on actions needed to achieve permanency. Reviewers collected information regarding planning meetings that took place during the review period for those children for whom a CFTM would have been expected.[50] Because the children in the review sample were in care a maximum of six months, the review focused on the two meetings that each child in the sample should have experienced: the *Initial Child and Family Team Meeting* which should occur no later than seven days after entry into custody, and the *Initial Permanency Plan Child and Family Team Meeting* that is to occur within 15 working days of custody to establish permanency goals and develop the permanency plan.

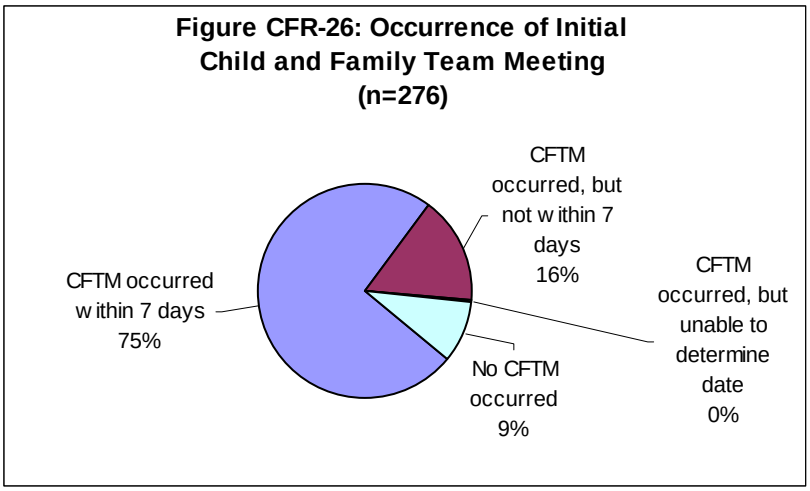
Initial Child and Family Team Meeting (7-Day Meeting)

The *Brian A.* Settlement Agreement requires that a meeting to initiate the planning process shall take place with the parents or caregivers of children entering custody due to substantiated abuse or neglect and the assigned DCS worker "as soon as possible…and within seven working days of the child entering state custody."[51] Engaging families by building helping relationships with families in order to achieve safety and permanency for children is a critical strategy in the reform effort, and it is central to the best practice envisioned in the *Practice Model*. DCS Policy 31.7 states that the CFTM is the model used by DCS "to engage families in the decision-making process throughout their relationship with the Department."

Of the 276 children expected to have an Initial Child and Family Team Meeting between October 1, 2004 and March 31, 2005, three-quarters (75%) had a meeting within seven working days of their entry into custody. An additional 16% of children had the required meeting, but the meeting occurred later than seven working days after their entry into custody. In one case (0%), the required meeting occurred, but the reviewer could not determine the date of the meeting from case file documentation. (See Figure CFR-26.)

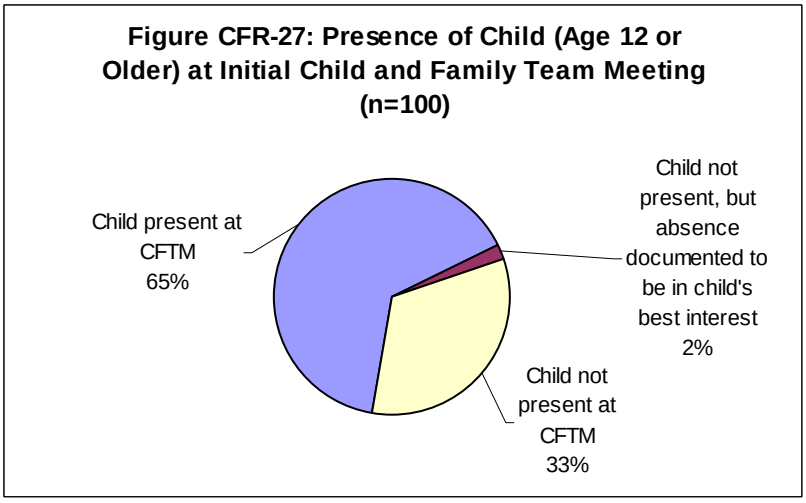
[50] Although for the purposes of this review these meetings are referred to as "Child and Family Team Meetings" (CFTMs), the questions regarding content of the meetings were based on the requirements of the Settlement Agreement for "7-Day" and "15-Day" meetings. It is not possible from this case file review to determine whether the meetings actually reflect the key quality characteristics of a Child and Family Team Meeting as it is envisioned by the *DCS Practice Model* and by DCS policy.

[51] *Brian A.* Settlement Agreement VII.B, VII.B.1.



Source: *Brian A.* Case File Review, October 1, 2004 – March 31, 2005

Older children can contribute a great deal to the initial planning process. Their opinions and insight are critical to a successful outcome. The Settlement Agreement provides that children 12 years or older should participate in the Initial Child and Family Team Meeting unless it is contrary to the child's best interest and is documented as such in the child's file.[52] Of the 100 children age 12 or older who had an Initial Child and Family Team Meeting, 65% attended the meeting. Two percent of the children's files contained documentation that it would be contrary to their best interest to attend the meeting. (See Figure CFR-27.)



Source: *Brian A.* Case File Review, October 1, 2004 – March 31, 2005
n equals all cases of children age 12 or older who had an Initial Child and Family Team Meeting

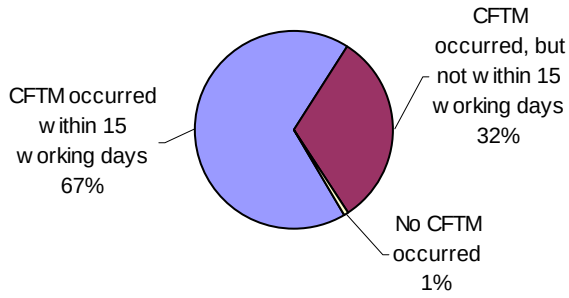
[52] *Brian A.* Settlement Agreement VII.B.

Permanency Planning Child and Family Team Meeting (15-Day Meeting)

The Settlement Agreement stipulates that a meeting to discuss and begin development of a permanency plan for a child must occur within 15 working days of the child's entry into custody.[53] At the time of the Permanency Planning Child and Family Team Meeting, the Child and Family Team should be established and the family, child, and all other key participants (e.g., people involved in the care, treatment, or support of the child and/or family; extended family and kin; teachers or school personnel; religious leaders; and individuals determined by the child or family as significant participants) should be present. Team decision-making is crucial to effective permanency planning. Older children should be present and actively participate in their own planning whenever possible.

A meeting occurred within 15 working days of the child's entry into custody in two-thirds (67%) of the 273 cases assessed for Permanency Planning Child and Family Team Meetings. In an additional 32% of the cases, the meeting occurred, but not within 15 working days of custody. The child did not have a Permanency Planning Child and Family Team Meeting in only 1% of the cases. (See Figure CFR-28.)

Figure CFR-28: Occurrence of Permanency Planning Child and Family Team Meeting (n=273)



Source: *Brian A.* Case File Review, October 1, 2004 – March 31, 2005
n excludes three cases in which the reviewer omitted the question.

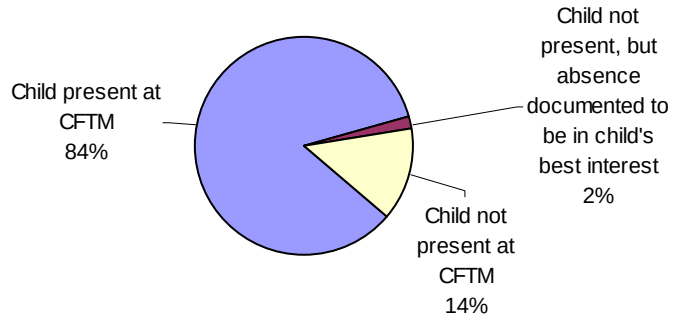
DCS has recognized the critical importance of older children and youth being actively engaged in the planning process. Their feelings, perspectives, and preferences, while not controlling, should inform the decision-making and case planning and generally be respected and honored when they can be safely accommodated. Older youth should be encouraged and empowered to assume more responsibility for and control over the direction of their lives. The Settlement Agreement therefore requires that children 12 years or older should participate in the Permanency Planning Child and Family Team

[53] *Brian A.* Settlement Agreement VII.C.

Meeting unless it is contrary to the child's best interest and is documented as such in the child's file.[54]

Of the 111 children age 12 or older who had a Permanency Planning Child and Family Team Meeting, 84% attended the meeting. Two percent of the children's files contained documentation that it would be contrary to their best interests to attend the meeting. (See Figure CFR-29.)

Figure CFR-29: Presence of Child (Age 12 or Older) at Permanency Planning Child and Family Team Meeting (n=111)

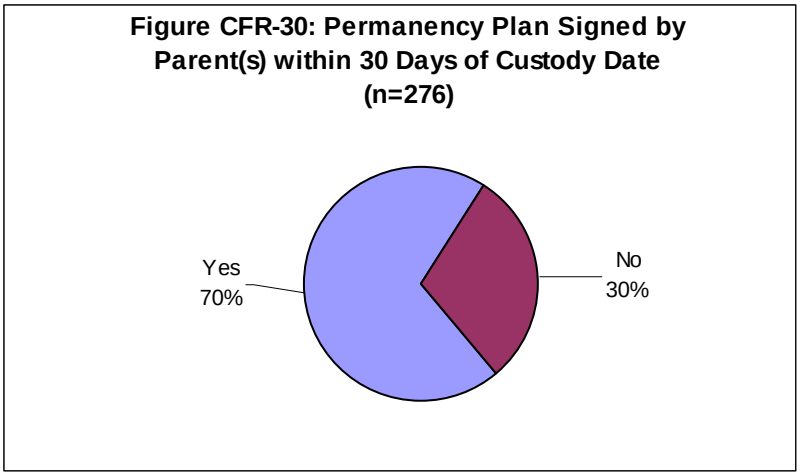


Source: *Brian A.* Case File Review, October 1, 2004 – March 31, 2005
n equals all cases of children age 12 or older who had an Initial Permanency Plan Child and Family Team Meeting

The *Practice Model* describes a case planning process that engages family members so that their voices are heard and their contributions reflected in the decision-making. As an indicator of family involvement and awareness, the Settlement Agreement provides that parents should be given the opportunity to discuss and sign the completed permanency plan within 30 calendar days of custody, in the Permanency Planning Child and Family Team Meeting whenever possible.[55]

The child's permanency plan was signed by at least one parent within 30 days of entry into custody in 70% of the 276 cases reviewed. (See Figure CFR-30.)

[54] *Brian A.* Settlement Agreement VII.C.
[55] *Brian A.* Settlement Agreement VII.C.2.

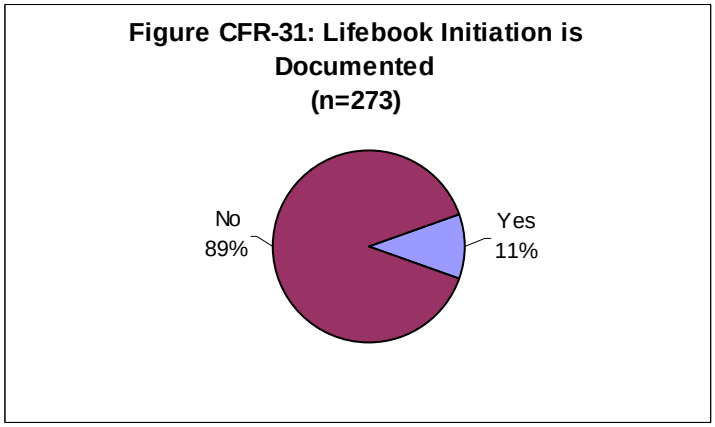


Source: *Brian A.* Case File Review, October 1, 2004 – March 31, 2005

The Department tracks information about the occurrence of Permanency Planning Child and Family Team Meetings in the "*Path to Excellence* CFTM Meetings" report. The report for September 2005 shows that 78.6% of the 3,591 children eligible for a Permanency Planning Child and Family Team Meeting had such a meeting within 15 working days of entry into custody.

The lifebook is a tool used by the Child and Family Team to aid in the assessment of the child for placement and to provide continuity and connection for children as they experience out-of-home placement whether they are ultimately returned to their families or adopted.

One of the indicators of the extent to which best practice is being implemented is the quality of work reflected in the lifebooks of children who have recently entered foster care. While the case file review did not collect information about the quality of lifebooks, it did collect information about whether work on a lifebook had been initiated. Of the 273 cases assessed for lifebook initiation, 11% contained documentation that work on a lifebook had begun. (See Figure CFR-31.)



Source: *Brian A.* Case File Review, October 1, 2004 – March 31, 2005
n excludes three cases in which the reviewer omitted the question.

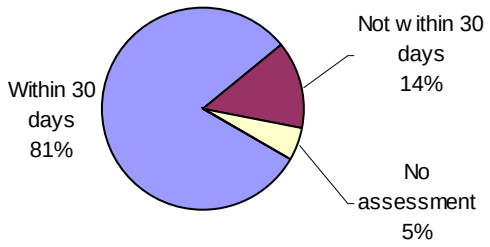
V. Services and Child Well-Being

Health

The Settlement Agreement states that all children in DCS custody should have health assessments using a standardized protocol within 30 days of entering custody. [56] The assessments are expected to include a medical evaluation and, if it is indicated, a psychological evaluation.

Reviewers found that more than three-quarters (81%) of children in the review sample received a medical assessment (EPSD&T) within 30 days of entering custody. Fourteen percent of the children received a medical assessment, but not within 30 days, and 5% of the children's files did not contain documentation that any medical assessment occurred. (See Figure CFR-32.)

Figure CFR-32: Medical Assessment Completed upon Entry into Custody (n=273)



Source: *Brian A*. Case File Review, October 1, 2004 – March 31, 2005
n excludes three children who had current assessments

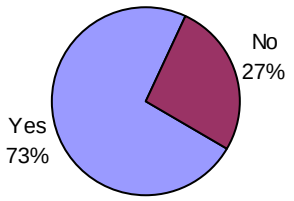
Every month, DCS produces a report (called the "EPSDT report") that tracks whether children entering custody during the month receive an EPSDT assessment within 30 days of their custody date. The report for August 2005 showed that 79.3% of the 430 *Brian A.* class children entering custody during the month had an EPSDT appointment within 30 days of their custody date.[57]

In an effort to determine if children received further care for problems identified in the EPSD&T assessment or in other documents or notes in the case file, reviewers looked for documentation that timely follow-up health care was provided. Of the 200 cases indicating that health care follow-up was necessary, three-quarters (73%) of the case files

[56] *Brian A.* Settlement Agreement VI.D.
[57] This percentage excludes *Brian A.* class children entering during the month who were on runaway during the month or who remained in custody for fewer than 30 days.

contained documentation that the child's health care needs were appropriately addressed. (See Figure CFR-33.)[58]

Figure CFR-33: Case File Documents that Child Received Needed Medical Evaluation and/or Treatment for Identified Problems (n=200)



Source: *Brian A*. Case File Review, October 1, 2004 – March 31, 2005
n equals all children whose cases indicated that follow up health care was necessary

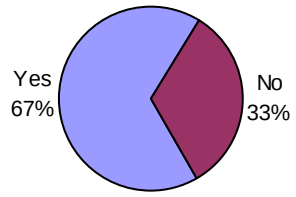
It is not possible from a case file review to make sufficiently accurate judgments about whether, and what types of, psychological assessments and/or examinations are appropriate and necessary for children in custody. In the past, the monitor's office has made assumptions that in the absence of an indication to the contrary, all except the youngest children in custody should have some form of psychological assessment if information in the case file indicated a need for such assessment. In addition, the office has equated psychological assessment with a formal psychological evaluation.

The TAC felt that determining whether a child should have a psychological assessment, including a formal psychological evaluation, is something that requires a qualitative review. The Qualitative Service Review (QSR) process that DCS has begun to implement, as well as targeted case reviews that involve a combination of file review and interviews, are more suited to examining the extent to which DCS is providing timely psychological assessments for those children who need them. The TAC therefore limited questions in this case record review to whether there was documentation in the file that a mental health need was identified and, if it was, whether there was documentation that the need was being addressed.

Of the 140 children who had identified mental health needs (over half of the review sample), there was documentation that two-thirds (67%) of the children had received or were receiving treatment during the review period, while 33% of the children had not received or were not yet receiving necessary treatment for documented mental health needs. (See Figure CFR-34.)

[58] With the exception of case recordings and certain tabs in TNKids, reviewers referred only to a child's hard case file for the review and did not access the Services and Appeals Tracking (SAT) web-based application to determine if the identified follow-up services had been entered into the application. This electronic documentation provides a tickler system of making sure appointments are arranged and services are accessed, thus completing the Screening-Diagnosis-Treatment loop.

Figure CFR-34: Case File Documents that Child Received Needed Mental Health Care for Identified Problems (n=140)



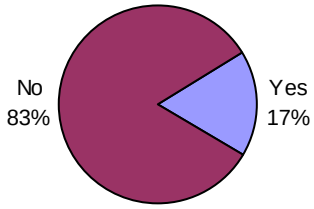
Source: *Brian A.* Case File Review, October 1, 2004-March 31, 2005
n equals all children whose cases indicated mental health needs

Psychotropic Medications

The area of administration of psychotropic medication is one that has received significant attention over the past year. DCS has recognized this as an area for major revision of policy, procedure, and practice. There are a number of strategies developed to improve practice and address concerns in this area that were only beginning to be implemented during the time that the case file review was conducted.

Reviewers found documentation that 17% of the 276 children reviewed were being administered psychotropic medication. (See Figure CFR-35.)

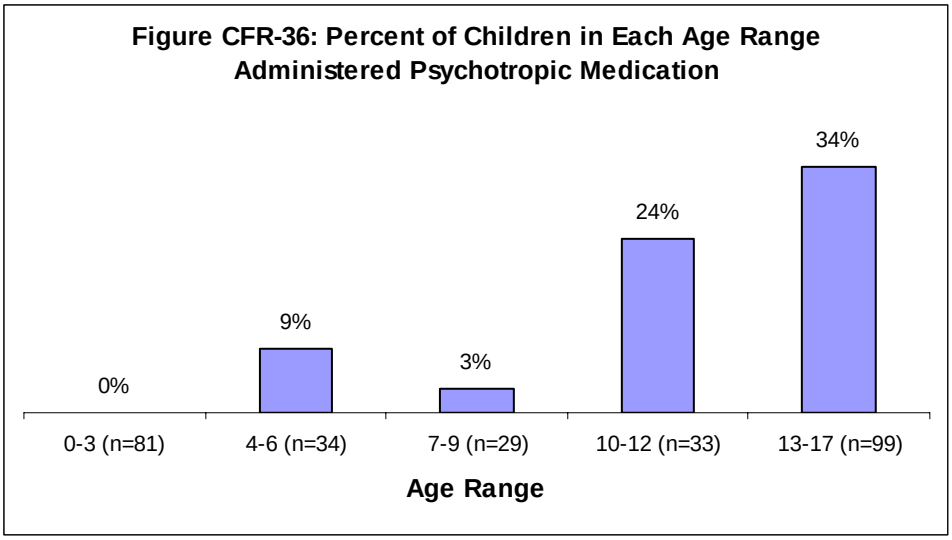
Figure CFR-35: Case File Documents that Child was Administered Psychotropic Medication between October 1, 2004 and March 31, 2005 (n=276)



Source: *Brian A.* Case File Review, October 1, 2004-March 31, 2005

The vast majority of children receiving psychotropic medications are age 10 and over. None of the children between the ages of zero and three in the review sample were administered psychotropic medication during the review period. A larger percentage of older children and teenagers (34% of teenagers and 24% of children ages 10-12 in the

sample) were receiving psychotropic medication during the review period than were children in the younger age groups. (See Figure CFR-36.)



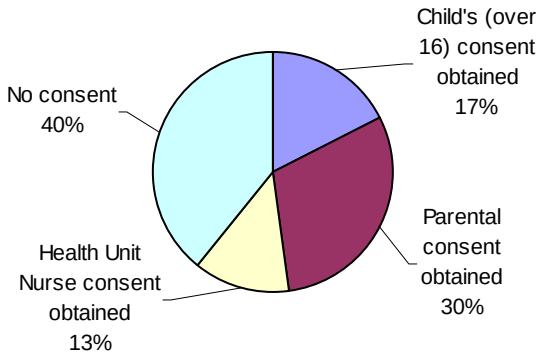
Source: *Brian A.* Case File Review, October 1, 2004-March 31, 2005
The n for each column equals all cases of children in each age group in the review sample

The Settlement Agreement states that when possible, parental consent should be obtained for the use of medically necessary psychotropic medication for children in custody. This reflects the Department's recognition that parental involvement in decisions that affect the child while the child is in foster care helps maintain attachment and encourages responsible parenting. In the event that a parent is not available to provide consent, the regional health unit nurse is required to review and consent, if appropriate, to medically necessary medication.[59] Children 16 and older are expected to consent to their own medication.[60]

The review documents that the Department did receive appropriate informed consent for 60% of children receiving psychotropic medications during the review period. The criteria for consent were evidence of the parental consent (30%), health unit nurse consent (13%), or child's consent if over age 16 (17%).[61] There was no documentation of consent in the case file in 40% of these cases. (See Figure CFR-37.)

[59] *Brian A.* Settlement Agreement VI.F.
[60] DCS Policy 20.18, DCS Policy 20.24, and Tennessee Code Annotated 33-8-202.
[61] DCS Policy 20.18 states that children over age 16 must give informed consent for psychotropic medication. Of this age group, 50% of the cases documented that appropriate child consent was received.

Figure CFR-37: Consent for Administration of Psychotropic Medication Received (n=46)



Source: *Brian A*. Case File Review, October 1, 2004-March 31, 2005
n equals all children documented as receiving psychotropic medication

Of the 46 children found to be taking psychotropic medication during the review period, 23 children were identified by monitoring staff for follow-up due to the absence of appropriate informed consent. The results of the follow-up conducted by the Department indicated that 13 of the children did not have any documented informed consent, although five of those children were either no longer in custody or no longer taking psychotropic medications. The other 10 children actually had informed consent documented in their files. In six cases where the youths were 16 or older, the parents had provided consent rather than the youths. For four children, the health unit nurse had provided consent when parental consent was expected, although further review indicated that the parents had been involved in the consent process for two of these children.

Education

The Settlement Agreement requires that all children in DCS custody have access to a "reasonable and appropriate education, including special education services, the need for which shall be timely identified."[62] For children in foster care, ensuring a reasonable and appropriate education is complicated by the placement changes many foster children experience that often necessitate a change in schools (see discussion of placement changes on pages 52-57). For this reason, there are heightened concerns about whether the educational needs of children in custody are being met.

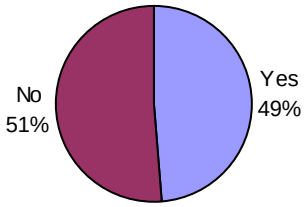
Reviewers found documentation that children regularly attended school in 80% of the 177 cases of school-age children reviewed. In the remaining cases, reviewers found indicators that the children were not attending school regularly or the case file documentation was inadequate to make this determination.[63] The Department conducted follow-up on these cases and found that in some cases either there were reasonable explanations for the lapse in attendance which were not apparent from the case file review or there was a lack of documentation of attendance, but the child was in fact attending school regularly. The TAC will be working with the Department to better understand the extent to which school attendance for children in foster care is a problem, to identify the factors that adversely impact school attendance, and to develop strategies to address those factors.

As an indicator of a child's academic and developmental well-being, reviewers looked for copies of the child's most recent report card in the case file. The criterion for a recent report card was defined as one from the grading period ending before the completion of the review period, allowing case mangers approximately six weeks to add an updated copy of the report card to the case file before the review. For just over half (51%) of the school-age children, there was a recent copy of the child's report card in the case file. (See Figure CFR-38.)

[62] *Brian A.* Settlement Agreement VI.E.

[63] There was some inconsistency in the way in which reviewers answered this question. Some reviewers assumed that the child was attending school regularly if there was no documentation in the file that would suggest otherwise. Other reviewers answered the question with "no" or "unable to determine" if they did not find clear documentation in the file that the child was attending school regularly, such as a note to that effect in the case recordings or a school attendance record.

Figure CFR-38: Current Copy of Child's Report Card in Case File (n=177)

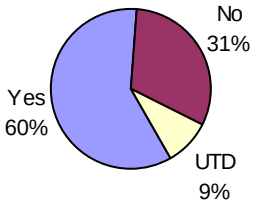


Source: *Brian A.* Case File Review, October 1, 2004 – March 31, 2005
n equals all cases of school-age children.

Children entering custody already experience a lack of stability, and a school change causes yet more instability. Although the Settlement Agreement does not address school changes, the review looked at how entering custody or changing placements created the need for school changes.

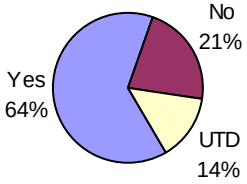
More than half (60%) of the children in the review sample change schools upon entering custody, indicating that many children are being removed not only from their homes but from their communities when entering state custody. More than half (64%) of school-age children changed schools due to changing placements once they were in custody. (Two-thirds of these children had also changed schools when entering custody.) Reviewers were unable to determine whether the child changed schools upon entry into custody in 9% of the cases or whether the child changed schools due to a placement change in 14% of the cases.[64] (See Figures CFR-39 and CFR-40.)

Figure CFR-39: Child Changed Schools when Entering Care (n=176)



Source: *Brian A.* Case File Review, October 1, 2004 – March 31, 2005
n equals all cases of school-age children and excludes one case in which the reviewer omitted the question.

Figure CFR-40: Child's Subsequent Placement Change Required a School Change (n=84)



Source: *Brian A.* Case File Review, October 1, 2004 – March 31, 2005
n equals all cases of school-age children who changed placements during the review period and excludes two cases in which the reviewer omitted the question.

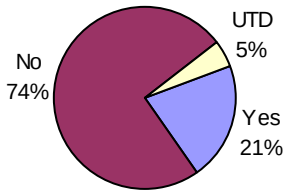
[64] Reviewers were sometimes unable to determine from case file documentation whether or not the child changed schools—a reflection of the sometimes extremely poor documentation of educational issues in the children's files.

The findings regarding school changes reflect both the need for "local foster homes for local kids" and the limited current efforts to make transportation arrangements to allow children whose initial placement or placement move involve a change of school zone, but not a change of school district, to continue in the same school notwithstanding the out-of-zone move.

For children who changed schools when entering custody, the case review protocol collected information about whether the reason for that initial placement outside of the child's school zone was related to helping the child achieve his or her permanency goal.[65] For example, if a child was initially placed with a relative who lived outside of the child's school zone, reviewers considered the reason for that initial placement to be related to helping the child achieve a permanency goal.

For 21% of the 105 children who changed schools when entering custody, reviewers judged, based on case file documentation, that the placement decision was related to helping the child achieve the permanency goal.[66] For three-quarters (74%) of the children, it did not appear that the placement outside of the school zone was related to advancing a permanency goal. Case file documentation about the initial placement decision and the school change was inadequate for reviewers to judge whether the placement was made to help achieve the permanency goal in 5% of the cases. (See Figure CFR-41.)

Figure CFR-41: Child Initially Placed Outside School Zone to Help Achieve Permanency Goal (n=105)



Source: *Brian A.* Case File Review, October 1, 2004 – March 31, 2005
n equals all cases of school-age children who changed schools when entering custody and excludes one case in which the reviewer omitted the question.

In some instances, children in DCS custody are schooled in "in-house" schools that operate on-site at a placement facility. The Settlement Agreement requires that DCS undertake an evaluation of all of their in-house schools to determine whether or not they

[65] Information about a child's school zone was rarely documented in the file. Reviewers assumed a change in school zone if the child changed schools when entering custody.
[66] The basis on which reviewers would have answered that the initial placement decision was related to helping the child achieve his or her permanency goal is unclear, unless the child was initially placed with a relative whose home was not zoned for the same school the child had been attending. Nine of these 22 children were initially placed with relatives.

are providing a reasonable and appropriate education for children in care.[67] In keeping with the recommendations of that evaluation, DCS has been systematically transitioning a number of foster children out of in-house schools and into public school settings. The transition began with Level 1 children during the 2002-2003 school year and continued in subsequent years with Level 2 and Level 3 children who could be appropriately educated in less restrictive settings.

Of the 22 children placed in non-family settings at the end of the review period, 64% (14 children) were attending in-house schools. However, these 14 children being educated in in-house schools represented only 8% of the 177 school-age children in the review sample.

In an effort to determine whether children needed special education services, reviewers used as indicators of a need for special education services such things as whether the child was mentally retarded, developmentally delayed, learning disabled, seriously emotionally disturbed, or had an IEP in their case file. Some reviewers may have considered "working significantly below grade level" as an indicator of a need for special education services. These indicators are more inclusive than the special education eligibility criteria. The Department is conducting follow-up on those children identified as not receiving needed special education services.

Based on these indicators, the review found 63 children in need of special education evaluation and/or services. In 36 of these cases, the reviewers found that special education services were being received. The Department conducted follow-up on the 27 cases in which the case file review indicated a possible need for special education services but for which no referral for or provision of services was documented in the case file. Of these cases, the Department determined that five of these children were eligible for special education according to the special education eligibility criteria but were not receiving special education services.

In some cases, information (or lack of information) in the file raised questions about whether the educational needs of the child were being met. The range of concerns included such things as case files containing no educational information whatsoever, children not receiving needed educational services, and children who were falling behind in school with no documented efforts to address the issue.

Reviewers identified 65 such cases and followed up with the case managers assigned to those cases. Contact was made with 41 case managers with respect to 45 children.[68] In 25 cases, case managers appeared to be very knowledgeable about the educational situation of the child and were making efforts to address any educational issues. In 16 cases, case managers seemed unaware of the educational situation and not familiar with or in contact with the child's teacher or other school personnel working with the child.

[67] *Brian A.* Settlement Agreement VI.E

[68] Contact was not made with the remainder of the case managers because they failed to return phone calls or to respond to email messages despite efforts of the Monitoring staff and the Quality Assurance staff to get them to do so.

Case managers in four cases declined to provide any information about their level of familiarity with the child's educational status.

The Case File Review was not designed to allow the TAC to draw definitive conclusions about the extent to which children in custody are receiving the education that DCS envisions for them; however, the significant number of case managers who seemed to be unaware of the educational situations of the children they were working with, the significant number of cases in which the Child and Family Team for a school-age child does not include a teacher or other person from the child's school,[69] and the frequency with which children coming into foster care experience school changes suggest that additional attention should be paid to this critical area.

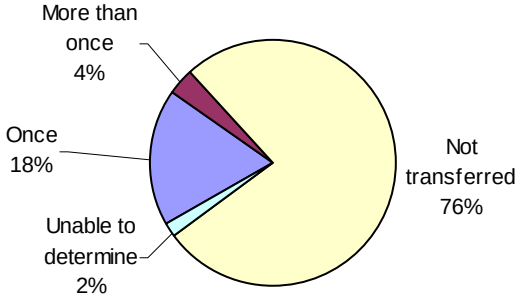
[69] The Case File Review protocol did not include a specific question asking reviewers to determine whether a teacher or school representative was a member of the Child and Family Team. However, in gathering information about Child and Family Team Meetings related to other questions in the protocol, a number of the reviewers noted the lack of indication of involvement of school representatives in Child and Family Team Meetings. In addition, in the follow-up on the 65 cases in which educational concerns were raised, the reviewer/interviewer conducting the follow-up specifically reviewed the case files for any indications of involvement of teachers or school personnel, including participation as a member of the Child and Family Team. The absence of indication of involvement by school personnel in Child and Family Team Meetings was noted in both the follow-up file review and the interviews conducted. The absence of teachers on Child and Family Teams was also an issue that was identified during the QSR Pilot reviews in April, September, and October 2005.

VI. Case Transfer

The caseworker is a core member of the Child and Family Team. Team functioning and the success of the child and family depend on the performance and consistency of the assigned caseworker. In moving to a "one worker, one child" model of case management, DCS recognizes the importance of case manager continuity and seeks to eliminate unnecessary case hand-offs from one worker to another. While DCS can reform its structure to avoid handoffs, some handoffs will occur as part of worker turnover.

Although the case file review sample involves children who had been in custody for fewer than six months, almost a quarter of those children experienced at least one case manager change (18% appear to have been transferred one time and 4% more than once). In many of the cases that were transferred, there was no formal declaration of case transfer, therefore reviewers were often only able to determine that the child received a new worker because the name changed in the case recording. (See Figure CFR-42.)

Figure CFR-42: Case Transferred to a New Worker during the Review Period (n=276)



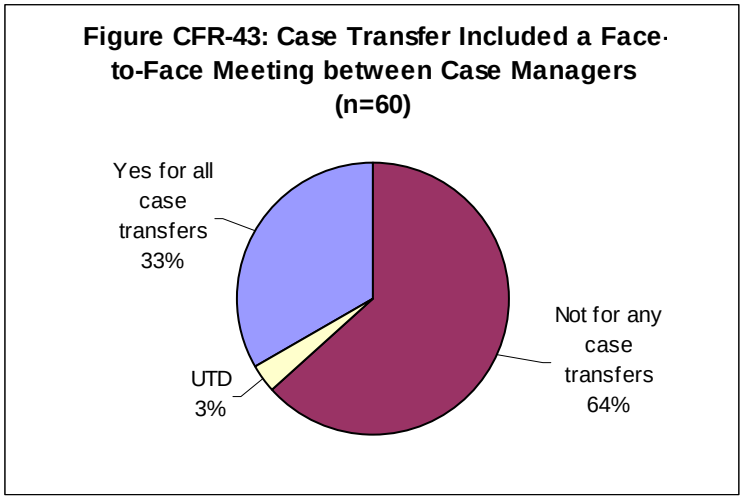
Source: *Brian A.* Case File Review, October 1, 2004 – March 31, 2005

The Settlement Agreement states, "When a case manager leaves the agency, his/her cases shall be reassigned within one business day. No cases shall be uncovered at any time." [70] When a case is transferred to a new worker, it takes time for him or her to learn about and develop a relationship with the child and family. Sometimes vital information about the child and family may stay with the departing caseworker, thus delaying the success of the Child and Family Team process.

According to the Settlement Agreement, cases that are transferred to a new case manager require a face-to-face meeting between case managers to discuss the case, unless the departing case manager leaves without prior notice or other documented emergency situations.[71] Of the 60 cases that were transferred, 33% indicated that a case file transfer

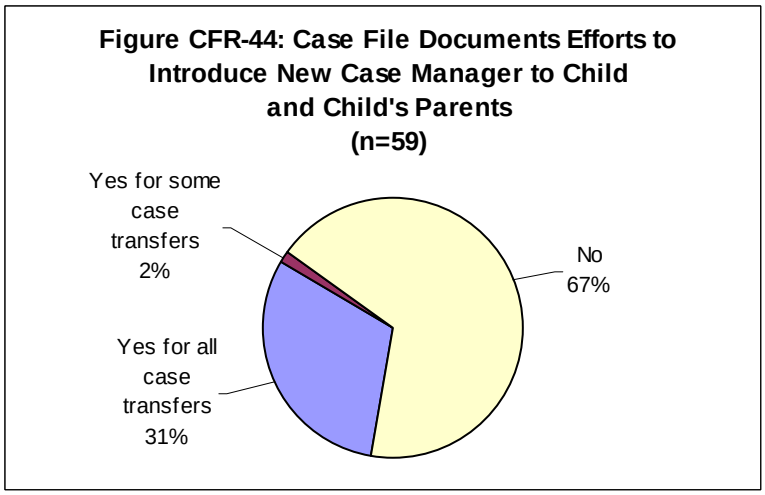
[70] *Brian A.* Settlement Agreement V.F.5
[71] *Brian A.* Settlement Agreement V.F.5

meeting occurred between the departing and receiving case managers for all case transfers during the review period.[72] (See Figure CFR-43.)



Source: *Brian A.* Case File Review, October 1, 2004 – March 31, 2005
n equals all cases in which at least one transfer to a new worker occurred

The Settlement Agreement requires that the departing case manager make every effort to introduce the receiving case manager, in person, to the child and the child's parents.[73] There was documentation that the departing case manager introduced the receiving case manager to the child and parent(s) in all case transfers in almost one-third (31%) of the 59 applicable cases. (See Figure CFR-44.)



Source: *Brian A.* Case File Review, October 1, 2004 – March 31, 2005
n equals all cases in which at least one transfer to a new worker occurred and excludes one case in which the parents whereabouts were unknown

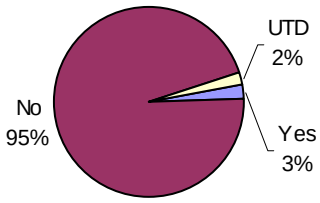
[72] There may be some cases included in this percentage in which a meeting would not be expected because the departing case manager left the Department without reasonable notice or because of some other emergent circumstance. However, the circumstances under which case managers leave their positions are rarely documented in the case records, and it is therefore often impossible to determine from a case file review whether or not such a meeting would be expected in the cases reviewed.
[73] *Brian A.* Settlement Agreement V.F.5

VII. Maltreatment While in DCS Custody

The Settlement Agreement provides that, "all matters of abuse or neglect of foster children in DCS custody shall be investigated by the Child Protective Services unit in the manner and within the time frame provided by law." DCS Policy chapter 14 addresses the nature, time frames, and requirements for fulfilling a CPS investigation. In addition, the Settlement Agreement and DCS policy require that matters of abuse or neglect occurring within DCS foster homes, provider agency foster homes, congregate care facilities, and institutional settings will be investigated by Child Protective Services and will be referred to and reviewed by Quality Assurance and the Licensing Division, when appropriate.[74]

Of the 276 cases reviewed, reviewers found that 3% of the children in custody between October 1, 2004 and March 31, 2005 were the subject of a CPS referral while in DCS custody. (See Figure CFR-45.)

Figure CFR-45: Child was Subject of CPS Referral during Custody Episode (n=276)



Source: *Brian A.* Case File Review, October 1, 2004 – March 31, 2005

The Department collects information about CPS referrals on children in custody in a point-in-time report called the "*Brian A.* Class Open Investigations Over 60 Days Old." As of October 3, 2005, the report showed that there were 137 open CPS investigations on children in custody, of which 11% were open more than 60 days. To ensure that the referrals identified by the review had been appropriately acted upon, the monitoring staff submitted these cases to the Department for follow-up by the Quality Assurance and Medical and Behavioral Services divisions. Upon review, the cases were forwarded to the responsible region for further evaluation and response.

[74] *Brian A.* Settlement Agreement III.B; *Incident Reporting Manual for Contract Agencies, DCS Foster Care and Child Protective Services*

Restraint and Seclusion/Isolation

Safety from harm includes protecting a child from external harm as well as self-inflicted harm and further extends to the protection of others from a child with assaultive behaviors. At times, this protection may require special safety precautions, such as chemical restraint, physical restraint, and seclusion/isolation, to appropriately diffuse the situation while ensuring the child's physical and emotional well-being. The case file review documented three (1%) cases with evidence of chemical restraint, physical restraint, and/or seclusion/isolation. One case documented the use of chemical restraint, physical restraint, and seclusion/isolation, with reviewer concerns for chemical and physical restraints. One case documented the use of physical restraint and one case documented seclusion/isolation, but the reviewer was satisfied that the application was appropriate in both cases. Four (1%) additional cases were identified by reviewers for concerns with the administration of psychotropic medication. The monitoring staff referred these seven cases to the Department for further review and follow-up by the Quality Assurance and Medical and Behavioral Services divisions. The cases were reviewed by the Medical Director and forwarded to the appropriate regions for further assessment as needed.

Serious Incident Reporting and Tracking

Serious Incident Reports are the primary means by which Central Office staff is notified about incidents occurring in facilities and contract agency foster homes. Although DCS policy requires that Serious Incident Reports be completed for incidents involving children in DCS foster homes as well, case practice does not currently reflect this policy. Serious Incident Reports include such things as reports of injury, medication errors, restraints, and runaways. Matters appropriate for CPS referral are also included in the Serious Incident Reports per DCS policy, and reporting abuse or neglect to Central Office via a Serious Incident Report does not preclude reporting the incident to Centralized Intake of CPS.[75]

When reviewers noted concerns with a child's safety during the review period, including CPS referrals, chemical restraint/sedation, physical restraint, or seclusion/isolation, the monitoring staff sent the concerns to the Department for regional follow-up, in addition to checking Serious Incident Reports generated by the Department to verify that these incidents were reported accurately. The search indicated that SIRs existed for two of the 14 incidents identified for concern within the review period.

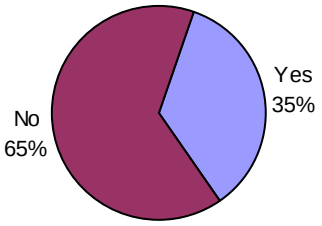
[75] *Incident Reporting Manual for Contract Agencies, DCS Foster Care and Child Protective Services* and *Incident Reporting Manual for YDC and DCS Group Homes*

VIII. Case File Contents

An ongoing examination process should be used to track service implementation, check progress, identify emergent needs and problems, and modify services in a timely manner. In order to facilitate this process, case files are expected to be updated within 30 days of case activity.

Case files were updated within that time period in 35% of the 276 cases reviewed.[76] (See Figure CFR-46.)

Figure CFR-46: Case File Updated within 30 Days of Case Activity (n=276)

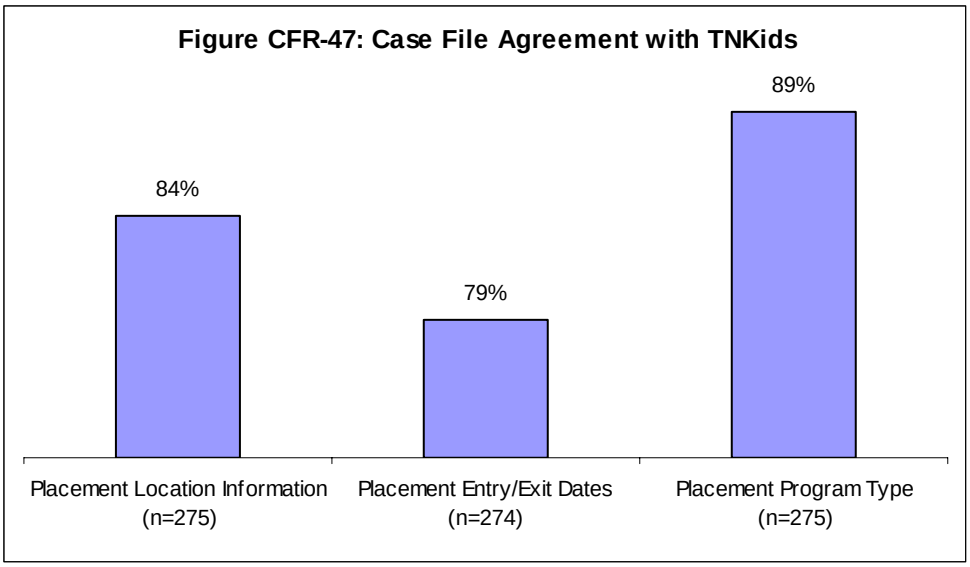


Source: *Brian A.* Case File Review, October 1, 2004 – March 31, 2005

Case file agreement with TNKids is important when monitoring and modifying planned strategies, services, supports, and results. Reviewers judged that the case file agreed with TNKids if the case recordings printed from TNKids and any other placement information in the hard file agreed with the placement screen in TNKids about the type of placement (e.g. foster home, group home, residential facility, emergency shelter), location of the placement (e.g. name of foster home or placement facility), and dates of the placement.

Placement location information agreed in 84% of 275 cases, placement entry/exit dates agreed in 79% of 274 cases, and type of placement agreed in 89% of 275 cases. (See Figure CFR-47.)

[76] No distinction was made in the protocol between consistent or significant failures to update the case files as opposed to occasional failures to update within 30 days of case activity in case files that are otherwise generally up-to-date.



Source: *Brian A.* Case File Review, October 1, 2004 – March 31, 2005
The n for each column excludes only cases in which the reviewer omitted the question

Although current policy at the time of the case file review did not specifically require that case recordings contain information about placement changes, the case recordings often contained at least some placement information either directly or indirectly. The reviewer may have found a specific, intentional mention of a placement change, or the reviewer might have noticed that the name of the foster parent or residential facility changed from one case recording to the next. Case recordings do not always outline a complete picture of the child's placement history, but the placement information they do contain should be corroborated by the TNKids Placement Screen. Because the case review protocol did not prompt reviewers to judge whether the case recordings or the Placement Screen contained more accurate information, a more in-depth analysis of the case file review data and Placement Screen data was subsequently conducted. The results of that analysis indicate that the case recordings were the more accurate source about half of the time, and TNKids Placement Screen was more accurate the other half.

Staff from the DCS Data Quality Unit also looked at the files of all children with inconsistent placement information to verify the case file review findings. They also found that in general, there were situations in which the TNKids Placement Screen was not in agreement with the information in the hard files and TNKids case recordings. In those cases, the Data Quality staff contacted the regional offices and asked that the information be updated as needed.

Data Quality staff identified three issues that contribute to these discrepancies:

- Communication breakdowns or delays between the Resource Management or Foster Home Support staff (who enter the placement information into the Placement Screen) and the assigned case managers (who update information in the TNKids case recordings and hard file) result in discrepancies between the

placement information in the Placement Screen and that in the case recordings and hard file.

- Policy at the time of the case file review did not require case managers to document placement changes in the case recordings, which sometimes resulted in the case recordings containing less accurate placement information than the TNKids Placement Screen.

- TNKids Financials, through which private providers receive payment for placements, is currently validated against the TNKids Placement Screen before payment can be authorized. ChipFins, the system through which DCS resource homes receive payment, is currently validated against information in the Foster Home and Child Placement web application (FHACP) before payment can be authorized. There is therefore no mechanism in TNKids now to run the ChipFins/FHACP information about DCS resource home placements against the TNKids Placement Screen to provide similar validation of the accuracy of the placement data.

There are several strategies currently being planned or implemented to improve the accuracy of placement data. For the long-term, the Department is in the planning stages of developing a new SACWIS system that will better support policy and practice. (See the discussion of the new SACWIS system in Subsection VIII of Section Four of this Report.) In the interim, a new TNKids build is being developed that will, among other things, merge the FHACP web application with TNKids.[77]

Work is also being done to improve communication around placement changes. A unified placement process is being designed and piloted (see the discussion of the unified placement process in Subsection V of Section Four of this Report), and in April 2005, a policy revision was implemented that requires a Child and Family Team Meeting to be held in regard to all placement decisions.[78] The policy also requires that information from the Child and Family Team Meeting be entered into TNKids, and this information is then pulled into the case recordings. However, there are currently no prompts in TNKids to alert the case manager updating a placement to ensure the associated CFTM is also documented in the case recordings, or to alert the case manager entering the CFTM where a placement change was discussed to link that CFTM to a placement update. Given that the child welfare information system must support the agency policy and practices, these types of system prompts would be expected to be incorporated, at some level, in the new SACWIS system currently in the planning stages.

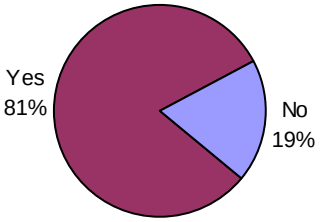
[77] This build had originally been scheduled for release in early 2006; the Department is in the process of reviewing and revising the timetable for completion of this next build.
[78] DCS Policy 31.7

IX. Legal Advocacy

While this year's case file review protocol did not focus on issues of the interface of the Department and the Juvenile Court process, data was collected on whether children had individual legal representation.

Under Tennessee law, every neglected or abused child should be receiving active legal advocacy from a lawyer guardian *ad litem* appointed by the juvenile court. Under Tennessee Supreme Court Rule 40 setting forth the responsibilities of the guardian *ad litem*, the GAL should not only be representing the child in court proceedings, but should be participating in Child and Family Team Meetings and monitoring the child's progress throughout the child's time in custody and ensuring that the child is receiving the care and attention that the child needs.

Figure CFR-48: Documentation that Child has a Guardian *ad litem* (n=271)



Source: *Brian A.* Case File Review, October 1, 2004 – March 31, 2005
n excludes five cases in which the reviewer omitted the question.

As illustrated in Figure CFR-48 above, 19% of the children in the case file review sample did not have a guardian *ad litem*. This finding is consistent with the findings of a June 2005 report issued by the Tennessee Supreme Court Administrative Office of the Courts (AOC) entitled *A Reassessment of Tennessee's Judicial Process in Foster Care Cases* (AOC Reassessment Report).

The Case File Review results are presented only at a statewide level; however, analysis conducted by monitoring staff of surveys of DCS regional counsel reflected that there are differing levels of compliance among courts with respect to appointment of guardians *ad litem* for children. This variation among courts is also reflected in the AOC report, which included data on case reviews it conducted in four target counties. That data showed court compliance of 20% (County I), 99% (County II), 75% (County III) and 100% (County IV) with the requirement that every child in a dependent neglect proceeding be represented by a GAL.[79] The contrast between County I (Shelby County) and County II

[79] AOC Reassessment Report, pp. 72.

(Davidson County) reflects the need for this issue to be examined and addressed on a regional level.[80]

The appointment of guardians *ad litem* is clearly the responsibility of the judiciary and the violation by a juvenile court of the right of abused and neglected children to legal representation is something that should be addressed by the judiciary—if not administratively by the AOC, then through the process of appellate review.

Nevertheless, the Department of Children's Services has both the opportunity and obligation to take actions within its power to address the situation in those counties in which judges are not complying with the GAL appointment requirements. Standard 9-204 of the *DCS Practice Model* states that "Whenever a child or parent appears without legal representation, DCS legal staff will make a motion requesting the court to inquire about the child or parent's knowledge of their right to representation and to appoint counsel and/or a guardian *ad litem* as is required by law." By filing these motions and seeking appellate review if the court, notwithstanding the motion, still refuses to appoint a GAL for the child, the Department makes it possible for this important issue to be addressed.

[80] Although the report does not identify County I and County II by name, they are easily identified by referring to the demographic description of those counties (pp. 34-35).

SECTION FOUR: PROGRESS ON IMPLEMENTATION OF THE *PATH TO EXCELLENCE*

The *Path to Excellence* is divided into eight domains that contain specific goals and strategies, and numerous tasks within them. The task plans include a range of process and product commitments, including:

- developing additional strategic and operational plans;
- engaging external expert consultants;
- convening teams/workgroups to address identified problems;
- gathering and analyzing information;
- producing or revising policies;
- developing and implementing recommendations.

Each of these process and product activities has a time line and may have specific resources associated with it.

In the April 2005 monitoring report the TAC reviewed the status of the work that was to occur under the *Path to Excellence* in the first six months of implementation, provided an overall assessment with respect to each domain as to whether the Department was making good progress in that domain as a whole, and identified a number of areas for follow-up and focus during the second monitoring period.

This section of this report includes brief presentations of the key goals and strategies of each domain, references to and follow-up information regarding specific concerns identified in the April report, and a discussion of the progress made over the second six months of implementation of the *Path to Excellence*.[81]

I. Leadership and Management

The implementation plan addresses two key areas of leadership and management focus:

- developing, recruiting, and designating a leadership and management team with sufficient authority, skills, and child welfare expertise to champion the reform agenda; and

[81] For any goal or strategy for which the target date for achievement of the goal is later than November 2005, the particular target date is listed. For any goal or strategy with a target date for achievement that is prior to November 2005, no target date is listed.

- redesigning the Regional-Central Office relationship in ways that clarify the structure, resource authority, and management expectations of all DCS managers and that create clear lines of authority and accountability for the work.

Consistent with this, the *Path to Excellence* set four goals for the Department in the area of Leadership and Management:

- having key leadership staff in place;

- redesigning the Regional-Central Office relationship;

- updating policies to be consistent with the provisions of the Settlement Agreement and the new *DCS Practice Model* (*DCS Standards of Professional Practice for Serving Children and Families*); and

- actively implementing a plan to improve the cultural competency of the agency.

Goal 1: The Leadership Team

The strategies under this goal include: recruiting a well-qualified child welfare and juvenile justice leadership team, establishing structures and mechanisms that shift agency culture toward becoming a learning organization, and building regional leadership teams.

In its April report, the TAC reported the significant progress that DCS has made in restructuring the Central Office and building the leadership team.

The report also identified some areas for further focus, including the need to:

- provide additional support in areas in which leadership team members seemed to be over-extended, including hiring additional experienced staff in some key areas;

- build the skills and capacities of those in leadership positions, while at the same time ensuring that those managers are demonstrating the combination of initiative, ability, and conscientiousness that such key leadership positions demand;

- further restructure and reorganize the QA/CQI and data-related functions/divisions to improve the Department's ability to collect, analyze, and use data to evaluate its performance and design corrective actions; and

- consolidate, clarify and simplify the variety of responsibilities related to responding to serious incident reports and monitoring residential facilities and private providers, to ensure that individual instances of maltreatment of class members are promptly identified and addressed and that appropriate corrective actions are taken.

Some progress has been made over the past six months in addressing these needs.

Additional key staff have been hired under the Executive Director of Permanency, providing critically important increased capacity to that division, and the QA/CQI Director has been able to fill a number of positions to build the capacity of that unit.

The Commissioner also appointed a highly qualified individual (a "data czar"), reporting directly to her, to serve as the point person for all aggregate data reporting. The person filling this position has both field ("program") experience and data system experience. Coordination of the various functions necessary to produce reports that are responsive to the Department's needs has improved.

By having the "data czar" report directly to the Commissioner, some of the bureaucratic "chain of command" and "turf" obstacles to progress in the area of data collection and reporting appear to have been overcome. However, it is not clear who has lead responsibility for ensuring that the data is analyzed and presented to the regions in a manner that helps them use the data effectively. The position of Executive Director of Performance Enhancement, originally viewed as the data analysis position, is currently vacant. The Department's capacity to provide the regions the kind of support and guidance they need to effectively make use of the data in designing, implementing, and tracking improvement strategies therefore continues to be limited.

Work is being done in the area of consolidation and coordination of the variety of private provider and residential program oversight functions and the serious incident reporting (SIR) process. Much activity has been focused on developing a highly automated tracking and reporting system, which is expected to be implemented in the second quarter of 2006. Recently, the Department engaged Dr. Chris Bellonci to provide technical assistance to the serious incident reporting (SIR) process. The focus of his efforts will be to ensure that these reports are properly investigated, reported on, and responded to. The large volume of complaints and concerns received through the SIR process and other referrals about possible maltreatment of children in the residential facilities that it operates, contracts with, and licenses or reviews needs a more structured system of prioritization, review, and follow up. Given Dr. Bellonci's prior successful work with the Department, this seems to be a positive move forward.

Finally, with respect to the broad range of private provider issues, there are necessarily a variety of points of interface between the private providers and the Department. However, there still does not appear to be a DCS "point person" who understands the Department's vision for the private provider role, has clear responsibility for ensuring that the relationships and interactions with private providers develop in ways that are consistent with that vision, and has the knowledge and authority to serve as the "go to person" for private providers to resolve significant areas of confusion regarding expectations, policies, and practices related to the work of the private providers.

Goal 2: Restructuring the Region-Central Office Relationship

The strategies relating to this goal include: increasing Regional Administrator authority and responsibility; building regional capacity to develop, execute, and evaluate regional implementation plans; and evaluating Regional Administrators based on outcome and performance measures.

When the TAC issued its April report, the regions were just putting the final touches on their regional implementation plans and putting in place the regional teams necessary to implement those plans. The TAC observed that it was critical that the Central Office both provide Regional Administrators and their regional leadership teams the information and supports necessary to carry out their responsibilities and continue to evaluate the abilities of the regional leadership to spearhead the reform in their region.

Each of the regional implementation plans focuses on six key areas:

- Leadership and management;
- Resource home recruitment and retention;
- Child and Family Team Meetings;
- Child Protective Services;
- Permanency backlog review; and
- Implementation of the "one worker/one child" model of case management.

The strategies and actions steps that are being implemented in these areas are expected to result in progress toward the nine key outcome goals that the Department is tracking on a regional basis:

- Reducing out-of- home placement;
- For those children coming into care, increasing placements in their own neighborhoods and communities;
- Reducing use of congregate care and increasing use of kinship and family foster care;
- Decreasing the length of stay for children in foster care;
- Increasing exits to permanency;
- Decreasing re-entry rates;

- Increasing stability while in foster care;
- Increasing the placement of sibling groups together; and
- Reducing any racial or ethnic disparity in each of these areas.

Each of the regions has set targets for improvement in these areas, and the Central Office is providing quarterly data reports to the regions, tracking the progress in relation to the outcome targets.

Although the shift in responsibility, authority, and accountability to the regions began in earnest in early 2005, the regions have only just become aware of the full impact of that shift. Much of the activity in the regions in the past six months has been focused on the formation of the regional leadership teams and structuring each region's approach to regional planning and implementation.

To ensure that the regions receive the support they need to accomplish this shift in responsibility, the Department has established a six-person Implementation Support Team (IST). The team, a high-level leadership group that includes the Commissioner and Deputy Commissioner, meets as a group on a regular basis to discuss a variety of issues regarding regional implementation efforts. However, each team member is responsible for working directly with one or more of the regions and spending time in those regions with the regional leadership team. The regional support activities that these IST members engage in with their respective regions have included:

- participating in regional planning and self-assessment meetings to help Regional Administrators and regional leadership teams plan and troubleshoot;
- serving as a sounding board to provide feedback about new ideas, initiatives, strategies and actions under consideration;
- facilitating linkages with appropriate technical assistance providers;
- assisting the regional leadership team in keeping a big picture perspective which integrates all aspects of the Department's work;
- reviewing and commenting on written drafts of protocols, memoranda, and other written products generated as part of the implementation process;
- monitoring progress and lessons learned in other regions in order to share helpful information that is relevant to the home region.
- advocating for timely assistance from Central Office.

The Department has recognized the need to make technical assistance available directly to the regions to support their efforts, and members of the IST have devoted significant

time over the past six months serving in a technical assistance capacity. This approach has had the particular benefit of ensuring that Central Office executives are routinely exposed to what is going on in the field and that regional office leaders are more aware of Central Office activities.

The Central Office has also in a number of instances shifted some of the allocation of external technical assistance resources from working with Central Office staff on statewide issues toward working directly with regional leadership.

As part of the CQI process, regions are expected to hold quarterly Self-Evaluation Meetings to review progress in implementation of the regional plans with the members of the implementation team and other regional stakeholders. At these meetings, the regions are to address any barriers to progress and develop action-plans for next steps. Regions are expected to make annual progress reports at a state-level meeting.

The regions are just beginning to use the quarterly reporting process to drive change. In addition, the regions are being given the opportunity to refine and improve the quality of their regional implementation plans based on their experience over the past several months. The TAC will be reviewing the revised regional implementation plans and the quarterly reports for the periods ending September 30, 2005 and December 31, 2005 and reporting on regional progress in greater detail in its next report.

In the second quarter of 2005, the Commissioner and the Executive Director of Regional Support met individually with each Regional Administrator to develop and codify his/her individual performance evaluation plan. The Executive Director has continued to meet regularly with Regional Administrators to mentor them and to monitor their performance. The Implementation Support Team members also meet regularly with the regional leadership teams of the regions to which they have been assigned to provide ongoing technical assistance and support. In January, the performance plan of each Regional Administrator will be reviewed again with the Commissioner. Quantitative and qualitative data related to outcomes will be used to inform this performance review process.

Goal 3: Updating Policies to Ensure Consistency with the Practice Model

This goal calls on DCS to review and revise DCS policies to ensure congruence with *DCS Standards of Professional Practice for Serving Children and Families.*

Over the past twelve months, the TAC, in the course of working with the Department on a variety of practice areas, has reviewed and commented on policies in a variety of areas including: protection from harm, Child Protective Services, serious incident reporting, independent living, resource home approval process, assessment, and the Child and Family Team process. In addition to the work the Department has done on these specific policy areas, the Department has completed its own internal review of all of its policies.

While the TAC has not conducted a comprehensive review of all Department policies, for those policy areas that the TAC has had reason to review, the TAC has generally found the substance of the DCS policies to be consistent with the *Practice Model*.

In situations in which "DCS policy" has been invoked to justify or explain actions by DCS staff that appear inconsistent with the *Practice Model*, the TAC has found such departures from the *Practice Model* to be a result of mistaken beliefs about what is in a written policy or a lack of knowledge about what written policy actually requires.

Goal 4: Cultural Competency Plan

This goal calls for the Department to develop and actively implement a cultural competency plan and recommendations of the Racial Disparity Study to improve the ability of the agency to work effectively in cross-cultural situations. The work in this area is significantly behind schedule.

The Committee on Multi-Cultural Affairs, as outlined in the *Path to Excellence*, was formed in September 2004 and has met six times. The committee has three sub-committees, each of which has met several times.

The Committee selected a cultural competency training curriculum and presented it to the DCS Core Leadership Team in August 2005. Trainers have been trained to deliver the curriculum, the offering of which will begin statewide in January 2006.[82]

The Committee on Multi-Cultural Affairs submitted an outline for the cultural competency plan to the Core Leadership Team in June 2005. At that time, a decision was made to hire a consultant to help the Committee finalize the cultural competency plan and establish next steps for the Committee. There have been some delays in the contracting and hiring process, and the current expectation is that the Department should be able to hire a consultant by early January 2006. Despite the delays in obtaining technical assistance from a consultant to help with the plan, the Committee continues to work on the plan and expects to complete a draft plan by mid December 2005.

[82] The training curriculum is one that is a generic product that is used by other agencies in state government, not a curriculum that is specifically designed for human services or child welfare agencies.

II. Diverse and Qualified Workforce

The *Path to Excellence* includes three goals related to developing and retaining a strong workforce:

- implementing policies and practices designed to recruit, hire, and retain high quality staff;

- providing high quality training that teaches the competencies required of staff by the new *Practice Model* and implementing competency-based staff evaluation; and

- implementing a plan for measuring and improving employee satisfaction and retention rates.

Goal 1: Recruitment, hiring and retention policies and practices

Strategies for this goal include: generating and implementing recruitment plans; implementing an incentive-based hiring program with colleges and universities; improving salaries for direct service staff; developing and implementing relevant criteria for hiring qualified casework staff; and hiring, retaining, and maintaining sufficient staff (in both numbers and qualifications) necessary to carrying out the work of the *Path to Excellence.*

The TAC reported in April on the Department's success in improving salaries, a critical requirement for being able to attract and retain a qualified workforce, and in implementing an innovative incentive-based hiring program with colleges and universities to encourage social work students to work for DCS upon graduation. However, the TAC also noted that the Department was struggling to maintain the quality and quantity of case managers and supervisors needed to ensure manageable caseloads and quality casework, and was also having difficulty filling other positions.

As a result of a variety of policies and practices of the Department of Personnel, the qualities of the applicants at the top of the job registers have too often not been qualities that the Department needed for people filling those positions. This has been true not only for case manager and supervisor positions, but other key program and administrative areas as well. At the time of the April report, the Department had made little progress on the development and implementation of hiring criteria and the development of personnel recruitment plans to address these challenges.

Too often, DCS has been unable to hire the type of person it needs from the register provided by the state Department of Personnel. The skills, education, experience, and commitment that good child welfare practice demands seem to have been significantly undervalued by the criteria for ranking applicants on the lists from which the Department must hire. For example, the Department has succeeded in establishing scoring criteria that result in graduates with BSW degrees scoring higher than new college graduates with

other degrees. Even with this preference, graduates of the special child welfare practice BSW program, which DCS and the University Consortium designed to identify, recruit, and train people to work for DCS upon graduation, will have scores in the 70's on the CM I and CM II registers. This has not proven to be an obstacle to hiring the first eight graduates of the program. (All but one of the eight graduates were hired within three months of graduation.) Whether this ranking will create obstacles to hiring future graduates of this program as the number of graduates increases remains to be seen.

Of more immediate concern are the registers from which supervisor positions are filled. The Department needs to be able to hire supervisors who have the ability to model and coach good social work practice. The present Department of Personnel criteria do not presently value the training, skill, and code of practice that characterize the social work discipline.

Finally, for other DCS positions—Program Director, Program Manager, Program Coordinator, and Program Specialist—rating criteria reward almost any experience with the Department, even if it is not the most relevant experience.

The April report also highlighted two areas of immediate concern: understaffing in the area of Child Protective Services; and case manager caseloads that were in excess of the reasonable caseload limits set by the Settlement Agreement as necessary for quality casework. As reflected in the discussion below, the Department has made progress in addressing these two specific concerns.

Of more general, long-term concern was the absence of a comprehensive, data-driven, ongoing process for employee recruitment and retention that recognizes and responds to regional differences and region-specific challenges and that identifies and develops a pool of potential job applicants with the key skills that the Department needed.

Response to CPS Worker Shortage

In its budget for fiscal year 2005-06, the Department included 58 additional CPS positions. Filling those new positions (as well as filling other CPS vacancies) off of the civil service registers continues to be a challenge. As reflected in Table DR-1 below, as of November 1, 2005 there were a total of 63 vacancies in CPS across the regions, with East (11), Davidson (11), and Mid Cumberland (17) accounting for 39 of the 63 vacancies.

Table DR-1: CPS Case Manager Vacancies Report as of November 1, 2005

	Case Mgr 1	Case Mgr 2	Case Mgr 3	Case Mgr 4	**Total**
Northeast	0	1	0	2	**3**
East	0	10	0	1	**11**
Knox	0	0	1	0	**1**
Southeast	0	3	0	0	**3**
Upper Cumberland	0	4	1	0	**5**
Hamilton	0	1	0	1	**2**
Mid Cumberland	0	11	2	4	**17**
South Central	0	0	1	0	**1**
Davidson	0	8	1	2	**11**
Northwest	0	1	1	0	**2**
Shelby	0	1	0	1	**2**
Southwest	0	4	0	1	**5**
Total	**0**	**44**	**7**	**12**	**63**

Source: DCS Established Positions report as of September 30, 2005.

The Department will be monitoring CPS workload and reporting and analyzing CPS investigation response times and "over dues" to determine whether Child Protective Services is sufficiently staffed. Clearly the Department will have difficulty meeting the demands on their CPS workers in Davidson, East, and Mid Cumberland unless they are able to fill a substantial number of the vacant CPS positions in those regions.

Response to Case Manager Caseload

The Department has made considerable progress in addressing the problems of excessive case manager caseloads. The Department has allocated additional positions to those regions experiencing the greatest difficulty managing their caseload sizes and has implemented monthly tracking to be able to identify, report on, and respond to regions when caseloads are exceeding the caseload limits.[83]

The caseload tracking and reporting has improved considerably over the past six months.

Table DR-2 below provides a comparison of the most recent TNKids monthly caseload report from September 1, 2005 with the manual caseload report data produced in December 2004.[84] The Table shows the numbers of case managers statewide and by

[83] Specific caseload standards are indicated for each table.

[84] The April report presented data on achievement of caseload standards, which was produced manually in December 2004 by merging information from different reports. This was an inefficient process with an inherent degree of error because the reports being merged were run at different points in time. After building into TNKids the capability to collect and report on data about achievement of caseload standards, the Department began producing monthly caseload reports in June 2005.

region whose caseloads, pursuant to the Settlement Agreement standards for manageable caseloads, are small enough to allow effective work with families and children. As can be seen in the Table, 732 out of 768 case managers had caseloads at or below *Brian A.* standards. This means that 95% of the case managers had manageable caseloads as of September 1, 2005—a marked improvement from 84% of case managers in December 2004. The statewide totals mask some regional variation in manageable caseload levels, ranging from a low of 84% in Mid Cumberland to a high of 100% in Davidson, Hamilton, Knox, Northeast, and Southwest. However, the range of regional variation has decreased since December 2004.

Table DR-2: Achievement of *Brian A.* Caseload Standards[85]

REGION	December 2004		September 2005	
	Achievement Ratio (Case Managers)	Achievement %	Achievement Ratio (Case Managers)	Achievement %
Davidson	81/85	95.3%	67/67	100.0%
East Tennessee	56/84	66.7%	71/87	81.6%
Hamilton	41/51	80.4%	43/43	100.0%
Knox	34/46	73.9%	51/51	100.0%
Mid-Cumberland	83/101	82.2%	72/86	83.7%
Northeast	75/82	91.5%	61/61	100.0%
Northwest	31/34	91.2%	32/33	97.0%
Shelby	123/141	87.2%	138/139	99.3%
South Central	46/52	88.5%	50/51	98.0%
Southeast	43/51	84.3%	47/48	97.9%
Southwest	47/49	96.0%	44/44	100.0%
Upper Cumberland	40/58	69.0%	56/58	96.6%
Statewide	**700/834**	**83.9%**	**732/768**	**95.3%**

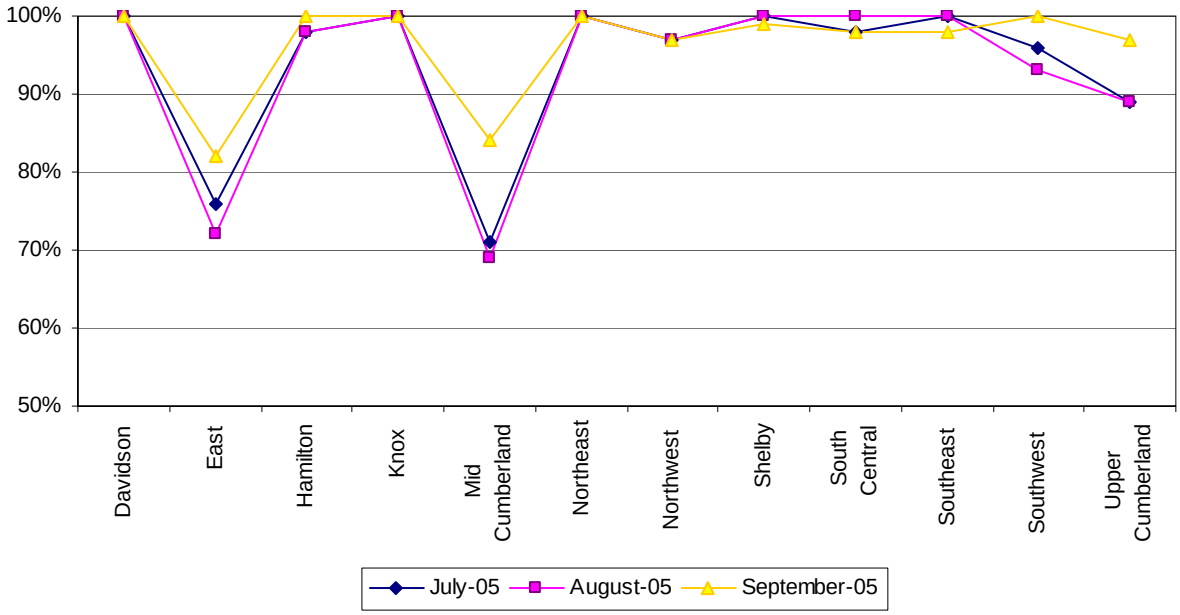
Sources: TNKids Caseload Compliance report for September 1, 2005 and the manual caseload compliance report produced by the Division of Quality Assurance in December 2004.

Regional caseload data from the first three months of the new TNKids reports is presented in Figure DR-1 below.

[85] Cases were deemed to have achieved the caseload standards if:

- A case manager II and a case manager III with no supervisory responsibilities had a caseload of 20 children or fewer;
- A case manager III who supervises 1 – 2 case managers had a caseload of no more than 10 cases;
- A case manager III who supervises 3 – 4 case managers had no cases;
- A case manager IV had no cases.

Figure DR-1: Achievement of *Brian A.* Caseload Standards by Region (CM II and III)



Sources: TNKids Caseload Compliance reports for July 1, 2005; August 1, 2005; and September 1, 2005.

The total number of workers with caseloads exceeding *Brian A.* standards was 36 as of September 1, 2005. As shown in Table DR-3 below, almost half (17) of those workers exceeded *Brian A.* caseload standards by 1-2 cases. There were 11 workers statewide who had caseloads that were 3-5 cases over the limits, four workers with 6-10 cases over the limits, and four workers with 11-20 cases over the limits.

Table DR-3: Caseloads Exceeding *Brian A.* Standards by Position as of September 1, 2005

Position	1 – 2 Cases Over	3 – 5 Cases Over	6 – 10 Cases Over	11 – 20 Cases Over	21+ Cases Over
FC Case Manager (CM) I	4	1	0	0	0
FC CM II	10	8	4	3	0
FC CM III (no supervisory)	0	0	0	1	0
FC/Adopt CM III (supervisory)	0	1	0	0	0
Adopt CM I & II	1	0	0	0	0
CM IV	2	1	0	0	0
Total all positions = 802	**17**	**11**	**4**	**4**	**0**

Source: TNKids Caseload Compliance report for September 1, 2005.

Table DR-4 below shows the number of supervisors who exceeded *Brian A.* standards for case manager supervision as of September 1, 2005, both statewide and by region.[86] Statewide, 97% of all supervisors were compliant with supervisory ratios.

[86] Case managers handling a caseload can supervise no more than two lower level case managers. A case manager III not handling a caseload can supervise no more than four lower level case managers. A case manager IV may not carry a caseload and can supervise no more than five case lower level case managers.

Table DR-4: Achievement of *Brian A.* Supervisory Caseload Standards[87]

Region	Achievement Ratio (Supervisors)	Achievement % (Supervisors)
Davidson	15/15	100.0%
East	18/18	100.0%
Hamilton	13/13	100.0%
Knox	13/13	100.0%
Mid Cumberland	18/19	94.7%
Northeast	13/13	100.0%
Northwest	7/7	100.0%
Shelby	29/30	96.7%
South Central	14/15	93.3%
Southeast	15/16	93.8%
Southwest	14/14	100.0%
Upper Cumberland	13/14	92.3%
Statewide	**182/187**	**97.3%**

Sources: TNKids Caseload Compliance report for September 1, 2005.

The regions have reported that one cause of increased caseloads is the impact of case managers going on extended medical leave. These extended leaves are often predictable, as in the case of maternity leave. The Department is therefore seeking permission from the Department of Personnel to be able to hire an interim case manager during the fifth month of a case manager's pregnancy. The interim case manager would train and work with the case manager up until the case manager's maternity leave and then be able to step in and assume the caseload.

Development and Implementation of a Comprehensive Human Resources Plan

In an effort to address some of the critical challenges to recruitment and retention of high quality staff, the Department is in the process of developing and implementing a comprehensive Human Resources Development Plan. A draft of that plan has been submitted to the TAC, and the TAC has identified some technical assistance providers with special expertise in the area of Child Welfare human resources development to help the Department refine its plan.

Goal 2: Training and Competency Development and Evaluation

The strategies in this goal include: creation of a collaborative training partnership between DCS and a consortium of colleges and universities to provide pre-service

[87] A case manager III was determined to be in compliance if he/she supervised no more than four lower level case managers. A case manager IV could supervise no more than five lower level case managers to meet the standards.

training; development and delivery of a competency-based pre-service training for all new caseworkers; development and delivery of a competency-based pre-service training for all newly promoted or incoming supervisors; provision of a best practice, competency-based in-service training; development and implementation of an undergraduate certification program in public child welfare; development and piloting of DCS/private provider social work skills training; and development of a detailed training plan for TAC approval that sets forth the timelines set and resources committed for delivering training in the core competencies required by the *Practice Model* to all new staff and to all existing staff over an 18-month period.

The April report highlighted the significant accomplishments the Department had made in the area of training and recognized the ambitiousness of the Department's training plan.

The primary area of concern for the TAC at the time of the April report was the challenge of developing enough high quality trainers to effectively deliver the new curriculum. It appeared to the TAC that there was not a sufficient pool of high quality trainers from which DCS or the Consortium could draw for the delivery of the training, and it was not clear at the time of the report how the Department and the Consortium were planning to develop trainers for teaching the core curriculum to new and existing staff and for coaching and mentoring Child and Family Team Meeting facilitation.

The Department has continued to make progress in training development. The training Consortium has hired 65 of the 69 trainers allocated. The pre-service curriculum is complete and has been used to train 354 new staff. Table DR-5 below reflects the distribution of those staff across the regions.

Table DR-5: Pre-Service Training July 1, 2004 – June 30, 2005

	Foster Care	**CPS**	**Juvenile Justice**
Davidson County	9	20	1
East	25	21	4
Hamilton County	10	5	2
Knox County	13	9	0
Mid Cumberland	36	11	14
Northeast	8	4	0
Northwest	4	6	1
Shelby	27	13	0
South Central	15	11	3
Southeast	12	13	1
Southwest	7	25	1
Upper Cumberland	13	8	2
Statewide	**179**	**146**	**29**

Source: Compiled by DCS Training Division from TATER and TAS databases.

The condensed version of the pre-service training for use with experienced staff is complete, although feedback from participants may suggest some modifications for future use. To date 463 supervisors and management staff have completed the training and 132 experienced case managers have completed it.

According to the Consortium director, almost 90% of supervisors have gone through the condensed version of pre-service training. The Department has also provided this training to former CSA staff who have joined the Department as part of the consolidation of the CSAs. However, the majority of the present case managers were hired prior to the implementation of the new pre-service curriculum; only a small percentage of these experienced staff have since been trained in this core curriculum.

The knowledge-based competency exam for pre-service training has been completed and is in use. There have not been enough participants trained to date to establish and validate a cut score (acceptable vs. non-acceptable performance), but the Department is prepared to do so once the universe of those completing training is large enough. The Department is not applying a knowledge-based exam to those completing the condensed version.

A formal guide for On-the-Job Training (OJT) has been completed and is in use by OJT mentors in the field. Currently, there are 14 OJT mentors in place. Mentors employ a skills- and application-based competency assessment for training participants in the field that compliments the knowledge-based competency exam.

The Consortium plans to develop and deliver a supervisory training curriculum in 2006 that will address management, leadership, and other supervisory tasks. The remaining major training development task, ensuring that the training delivered by providers is appropriate to the work performed and compatible with DCS training, has not progressed as planned. Additional planning and resources may be needed to achieve this task. The Consortium recently filled a position to lead this effort which they believe will enable them to make necessary progress in this area.

There have been continuing trainer development activities since the April report. The Department and the Training Consortium have developed a comprehensive trainer development plan that includes observing, co-training, and receiving coaching and mentoring in the core curriculum, as well as steps to assess and plan for future professional development needs of the trainers. The TAC will be reviewing that training plan and providing feedback to the Department regarding that plan in the near future. At this point, every newer trainer has observed the core curriculum delivered by a more experienced trainer, co-taught sections of the curriculum, and has received an assessment of his or her skills in doing so by a regional manager. Approximately two-thirds of the current training staff has delivered the curriculum in its entirety as a co-trainer.

The Consortium's regional managers conducted assessments of all 65 trainers during the months of November and December using a skill assessment tool adapted from the National Staff Development and Training Association. Trainers also completed a self-

assessment, based on the core curriculum and provided data on areas of strength and needs. Regional managers then used this assessment as the basis for further staff development activities.

In addition, the regional managers will be scheduled to participate in the Qualitative Service Review process through DCS QA division, and they will in turn share the QSR overview with trainers in order to further reinforce the overarching principles of the *Practice Model* to ensure best practice values are articulated and demonstrated in the training environment.

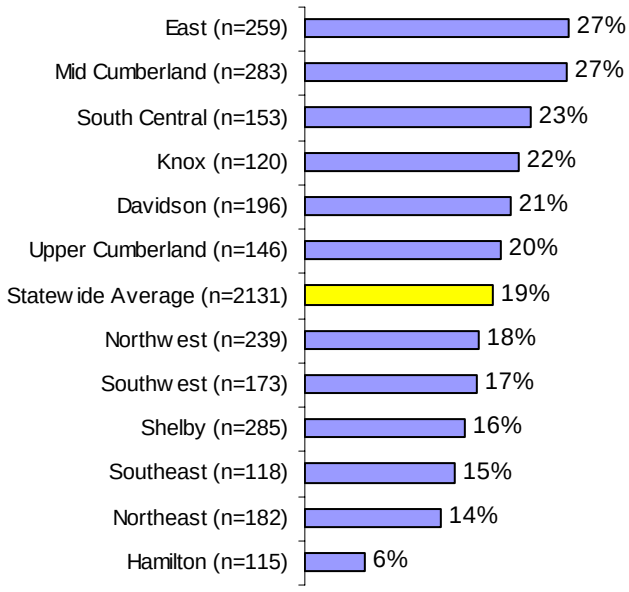
At this point, the Department continues to work with Marge Gildner to build these resources within the Consortium. Continued focused attention to both trainer development and fidelity in delivery of the curriculum on the one hand and strong OJT and supervisor coaching and mentoring of the *Practice Model* in the regions will be critical to continued progress in this area.

Goal 3: Employee Retention Plan

The strategies to accomplish this goal include: assessing employee satisfaction and issues affecting retention, developing a DCS employee recognition system, and improving and expanding the stipend program for employees.

Turnover continues to be a significant problem for the Department. Figure DR-2 displays the total turnover rates (combined rates for CM II, III, and IV) by region, covering the period from April 2004 to March 2005.

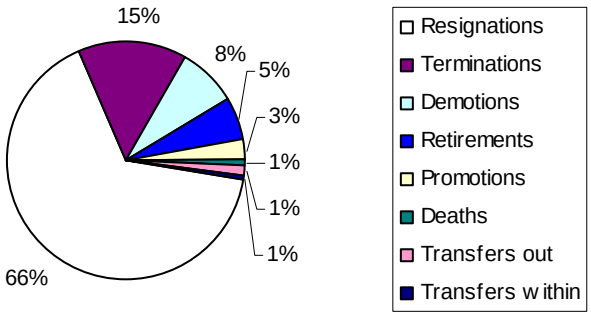
Figure DR-2: Total Turnover Rates by Region, April 2004 - March 2005



Source: "Turnover Data Report" produced by the Office of Human Resources, covering the period from April 2004 to March 2005.

The Turnover Data Report also includes information about whether the turnover was the result of resignation, retirement, transfer, promotion, demotion, death, or termination. Figure DR-3 below reflects the fact that two-thirds of the case manager II turnover was a result of resignation.

Figure DR-3: Statewide CM II Reasons for Leaving



Source: "Turnover Data Report" produced by the Office of Human Resources, covering the period from April 2004 to March 2005.

Although there are a number of activities that are identified in the draft Human Resources Plan to gather information from employees who leave the Department, to solicit input from existing employees about job satisfaction, and to provide some recognition of good work, it is not clear that the Department has identified those factors that contribute to employee turnover and/or has linked recruitment and retention strategies to specific factors to address turnover. This is an area in which the Department may be able to benefit from technical assistance providers with specific expertise in development of recruitment and retention strategies for child welfare agencies.

Domain III: Child and Family Team Meetings

There are two goals in this domain:

Goal 1: Developing the regional capacity to conduct Child and Family Team Meetings statewide; and
Goal 2: Conducting high quality meetings, consistent with the Practice Model, in a manner that increases regional permanency rates (by January 2006).

The strategies for accomplishing these goals include:

- providing skills-based training statewide to teach family-centered casework and case-planning;
- developing and implementing regional plans for Child and Family Team Meetings;
- developing a system for coaching and mentoring support for those facilitating the meetings;
- implementing "one worker, one child" in every region; and
- developing data analysis and a CQI process to support implementation.

In April the TAC reported on the significant work the Department had done in designing Tennessee's approach to the Child and Family Team process, developing and delivering training to a core group of facilitators, and providing general orientation to Child and Family Team Meetings to the broader case worker and supervisor group.

The TAC noted that in order for the Department to be able to regularly hold the kind of Child and Family Team Meetings envisioned by the *DCS Practice Model* attention needed to be paid to:

- developing facilitator coaches and expanding opportunities for case managers to develop their facilitation skills;

- implementing a strong functional assessment process that is integrated into the CFTM process;

- resolving issues around the placement process and lingering questions regarding the use of flex funds;[88] and

- ensuring that the work of the Child and Family Teams is not limited to the event of the CFTM meeting.

In this subsection, we discuss the implementation of the Child and Family Team process, including progress related to training, coaching, and mentoring of staff; the efforts to implement a functional assessment; the quality of Child and Family Team Meetings; and the development of the CQI process to support CFTM implementation. We also present the results of a recent assessment of the implementation of "one worker, one child."

1. The Implementation of the Child and Family Team Process

The Department has integrated aspects of a variety of family conferencing/team decision-making models to create its own Tennessee-specific Child and Family Team process (CFTM). Among the aspects of this integrated process are:

- A commitment to "placement" CFTMs that are facilitated by a full-time facilitator. The Department does not want any child to enter custody without the convening of a Potential Removal CFTM and does not want any child to change placement or exit custody without the convening of a CFTM.

- A commitment to building a Child and Family Team that meets regularly throughout a child's time in custody, that utilizes the Child and Family Team Meeting process for assessment and planning, that monitors and tracks the implementation of the plan, and that reconvenes as needed to adjust the plan and respond to new issues as they arise.

- A commitment to pre-meeting preparation, including the preparation of family members, recognizing that in the emergency circumstances that surround some placement CFTMs there would be less time for pre-meeting preparation. Under Tennessee's model, emergency meetings at the beginning of a case would not necessarily involve a fully formed team; however, there is a commitment to using these early meetings to identify potential team members and begin the process of team formation.[89]

[88] Both of these issues are discussed in greater depth in sub-sections V and VII.

[89] It is valuable for the family and key staff to meet as soon after a child is placed as possible to take steps toward minimizing trauma, examining initial needs and considering parent/child visits. However, such a hurried environment does not permit the kind of thoughtful, supportive team building effort needed to sustain the child and family over time. Under Tennessee's model, the first CFTM can be used to set the stage for further team development, not just as a forum to discuss placement. By the time of the subsequent

- A commitment to building the facilitator skills of case managers so that case managers have the skills needed to facilitate CFTMs, and a commitment to have full-time facilitators coach and mentor case managers in the development of their skills.[90]

In an effort to avoid confusion, the Department has made efforts to adopt a more general terminology that fits this integrated model and to move away from some of the approach-specific language of other models. There remain some areas of confusion in at least some regions that reflect an incomplete understanding of the way in which the Department has resolved those areas of difference among the various conferencing models from which Tennessee's CFTM approach was developed.

The Department's plan for building its capacity to implement the Child and Family Team process and conduct high quality CFTMs has two thrusts: the first is the development of a group of full-time trained facilitators; the second is the development of the engagement, team building and facilitation skills of case managers, through a combination of the pre-service training and ongoing coaching and mentoring of case managers by the trained facilitators.

Training and Coaching

Considerable progress has been made in moving forward with staff training in a number of areas related to CFTM.

The original CFTM "engaging families" curriculum, developed in advance of the Department's development of its new core, skills-based, pre-service curriculum, has now been substantially incorporated into the core curriculum training (both pre-service training and the somewhat shortened version of that training for experienced case managers). The curriculum includes substantive content and skill development exercises related to engagement, pre-meeting preparation of families, and teaming. The knowledge and competencies on which those who complete the training are evaluated include those related to the CFTM process.[91] Many of the experienced workers have not yet been through this core training and there is still some work to be done in the regions to determine how the CFTM facilitators, the OJT coaches, and the case manager supervisors will be working with new and experienced case managers to reinforce the classroom training and further develop the CFTM skills of the case managers.

The Advanced CFTM Facilitator training curriculum is focused on enhancing the meeting facilitation skills of experienced facilitators. While some of the language of that

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meeting, the family could be prepared, informal supports could be added to the team and better initial assessment information could be collected for the team.

[90] Under the Tennessee model, once fully implemented, full-time facilitators will facilitate "placement" CFTMs; case managers will be facilitating other CFTMs; and case managers will be responsible for pre-meeting preparation for all CFTMs. In order to develop the skills of the case managers, the full-time facilitators, in addition to facilitating "placement CFTMs," will be coaching and mentoring case managers.

[91] The core curriculum does not include meeting facilitation skills training.

curriculum has not been conformed to Tennessee's terminology, the specific substantive skills which are the focus of the training are skills that are important for facilitators to master. DCS and Consortium training staff reviewed the Advance Facilitator Training curriculum and have suggested some modifications that would better align the language of the training with the terminology of the Department's model. DCS should consider incorporating these modifications into future advanced facilitator training.[92]

A major focus of the CFTM rollout over the past six months has been on providing further training and development for the Department's 75 full- and part-time CFTM facilitators. A special emphasis has been placed on creating a core group of facilitator coaches (one from each region), each of whom has lead responsibility both for further developing other facilitators and for helping develop the CFTM skills of case managers.

Considerable training of the facilitators has occurred over the past several months, including intensive coaching and evaluation of the core group of facilitator coaches. External evaluators found that this core group of facilitators demonstrated skills that exceeded basic ability in the use of core interpersonal helping skills and led family meetings with attention to engaging family members, attending to their strengths and case concerns. It was clear to reviewers that facilitators have benefited from the training that has been provided and have a solid practice foundation on which to base the development of expert facilitation skills. They are committed to the CFTM process and sought ideas to improve the effectiveness of their team meetings.

This core group is well positioned to coach and mentor others in developing the skills that are directly focused on facilitating discussion during the meeting.[93]

Development and Implementation of a Functional Assessment

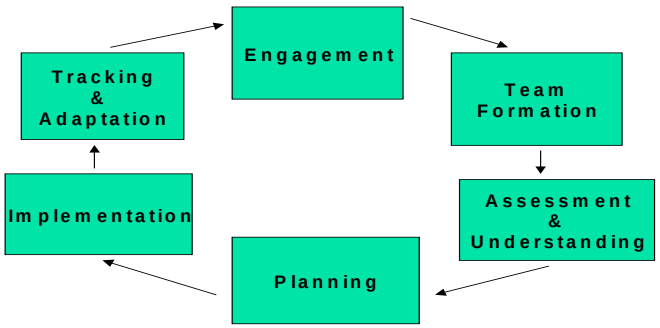
The Department has also moved forward in its efforts to implement a functional assessment process that is integrated into the Child and Family Team process. The Department developed guidelines and an assessment form for the field about which the TAC provided comments. Among the TAC's comments were: that there needed to be greater emphasis on the team's role in assessment; that the extensive level of detail required to complete the written assessment format might be overwhelming to staff; and that the Department needed to provide training to staff, not just on completion of the form, but also on the analysis of information.

From the feedback received in these early stages of implementation, DCS has learned that staff still struggle to see the assessment process as more than a form. There is not yet a

[92] An additional CFTM-related training module, *Supporting and Achieving the Permanency Goal,* is still being developed. The training design includes the use of a video to help guide the discussion. Revisions were recently made to the script. The projected completion date for this video training is March 2006.

[93] The facilitators appear to have less experience with and are less certain about their mentoring and coaching roles around engagement of families in team formation, preparation of families for the CFTM, and development of a team capable of supporting the child and family throughout the life of the case. However, facilitators have been provided some training around coaching and mentoring during a three-day training focused on those skills.

consistent ability in the field to make the assessment process the functional tool for planning that is needed. As a result of regional feedback, DCS is reemphasizing the role of assessment as part of the larger team planning process, adapting the *Practice Model* design below to reflect the team at the center of the circle of practice elements.



DCS is also describing the functional assessment as part of "Quality Casework" to emphasize its integration with engagement, teaming, planning, and tracking. DCS staff is now working with several pilot regions to strengthen the assessment process. A goal of Central Office staff is to use MSW consultant staff to build a team within regions, consisting of OJT staff, team leaders, facilitators, and trainers, which can focus on improving the "clinical" or analytical elements of assessment. Central Office staff see the use of Qualitative Service Review findings as supportive of their efforts to improve assessment.

There is not a separate training initiative for implementation of the functional assessment process. Because the pre-service training and experienced staff training address assessment, DCS is relying on completion of this training to prepare staff to employ the functional assessment process. At this stage, many experienced staff have not been trained in the condensed curriculum, so practically speaking, most staff have no formal practice training related to the new assessment approach. Also, the condensed training is only nine days, not four weeks, so the time devoted to assessment content is modest.

Complicating the implementation process is the fact that CFTMs, which are considered the foundation of the assessment process by DCS, are not yet at the point of fully conforming to the model defined in the *DCS Practice Model*. As a result, the team's role in assessment is not yet fully developed, which will impact the quality of assessments.[94]

[94] As discussed further in this subsection, in many regions team meetings focus almost entirely on completing the formal system permanency plan, to the relative exclusion of team building, assessment of underlying needs, and creative service crafting. Staff struggle to distinguish between needs and services, resulting in plans being service-driven. Family strengths are discussed and recorded, but often without a full understanding of how strengths can be identified, developed, and built upon to achieve the child and

DCS may be correct in trying to create expert mentors at the regional level as a means of supporting the functional assessment process. In the TAC's experience, successful functional assessment implementation is heavily reliant on good supervisory modeling and coaching. It is not clear, however, given the many competing demands on staff in the OJT, team leader, and facilitator roles and the necessity of first deepening their understanding of the functional assessment process, how these support staff will be enabled to mentor supervisors and case managers.

Child and Family Team Meetings

From CFTM observations, QSR regional reviews, and individual case referrals that have reached positive resolution through convening of a Child and Family Team, the Department has been able to identify and share good examples of quality work around the Child and Family Team process. However, from these same sources, the Department has developed a good appreciation for some of the challenges that are on its CFTM implementation agenda for the coming year.

Many of the facilitators demonstrate good facilitation skills and could, with support, begin coaching and developing the capacity of others, including case managers, to facilitate meetings. However, given the numbers of facilitators and the allocation of facilitator time to pre-custody, 15-day, 3-month, 6-month and 9-month meetings, there has been little time for the trained facilitators to do anything beyond facilitating those specific meetings.

Related to this, there is little involvement of the facilitator for meetings other than the 7-day, 15-day, 3-month, 6-month and 9-month required meetings; and often no continuity of facilitators for a particular Child and Family Team from meeting to meeting, at least in regions that assign facilitators to meetings based on availability rather than based on their prior experience with a particular family.

In general, there has been little pre-meeting preparation (especially important for effective participation by family members). The core curriculum training specifically covers the role of the case manager in engaging family members, involving them in forming the team, orienting family members to the CFT process, and preparing them for the Child and Family Team Meeting. It is contemplated that facilitators/OJT coaches and supervisors are available to help coach and mentor the case managers in this pre-meeting preparation process. However, large numbers of experienced case managers have not been through the training and it is not clear that case managers presently have the direction and support they need to do this critical work.

Many of the meetings retain much of the paperwork-driven focus of the traditional case staffing. The regions appear to assign great importance to completing meetings, which in some regions has led to the practice of recording any meeting, whether or not the family

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family's outcomes. Using strengths functionally is a more advanced skill set for facilitators, so finding that teams are struggling with this issue is not unexpected at this stage.

is present, as a CFTM. The perceived need to document meetings risks overshadowing the need to conduct functional meetings.

While children, parents, and resource parents are more frequently present for Child and Family Team Meetings than they have been at traditional staffings, all too often key potential team members who have important roles in the lives of the children and families—teachers, day care providers, family friends—are not engaged.

Few DCS staff have experienced the kind of Child and Family Team process—not simply the meetings, but the process from pre-meeting preparation, to initial team formation, to development and empowerment of the team over the life of the case—that is envisioned by the *Practice Model*. As a result, most of the work has been focused on the holding of the "meeting." There has been less focus on engaging families in the team formation process as well as the meeting process, and empowering, leveraging and using the team to help the child and family succeed.

Some facilitators and case managers continue to be unclear about their ability to access flex funds, even to meet basic needs such as transportation. This hampers planning efforts.

Finally, there is a lack of clarity around the facilitator's role and responsibility when he or she is confronted with practice that departs from the principles and practice standards that are at the core of the Child and Family Team process. Good facilitation skills are of limited value if the right people are not at the meeting, and efforts to create a meeting environment in which the child, parents, and resource parents are respectfully treated may be viewed with skepticism if parents, resource parents, and older children and youth do not experience similar respect in relationships with case managers and supervisors outside of the Child and Family Team Meeting context.

In order to move the implementation of the Child and Family Team process beyond its current stage, the Department is in the process of developing its strategic work plan for 2006. Supports and strategies should be developed to strengthen facilitation skills and the capacity of facilitators to coach caseworkers in the process. Analysis is needed to compare the availability of facilitator time with the number of caseworkers that will require training and coaching. The barriers created by missing system supports should be assessed and steps taken to assist regions and facilitators in maximizing the effectiveness of CFTMs.

In order to deepen the quality of the meetings and expand their use systemwide, the Department may need to:

- rethink the present allocation of facilitator time from the emphasis on having facilitated meetings at every set review interval to allow a broader range of meeting experiences for the facilitators and the field, a more extensive use of facilitators at other stages of a case, and a greater opportunity for experienced facilitators to coach and mentor others;

- develop regional plans for developing case managers as facilitators, taking into account the numbers of case managers that need to be developed, the coaching and mentoring time needed to develop those case managers, and setting a realistic schedule for developing the case managers over time;

- invest in additional coaching of case managers so that, in the near term, especially in regions in which few experienced case managers have received the core curriculum training, case managers can play a more effective role in pre-meeting preparation and team formation;

- restructure the Child and Family Team Meeting to de-emphasize filling out papers and to focus on the substance of assessment and planning;

- and create a modest flex funds budget immediately accessible to every Child and Family Team for things like transportation.

Implementing a CFTM related CQI Process

The Department has taken a number of steps to develop data analysis and a CQI process to support CFTM implementation. They have created a template for facilitators to report on certain aspects of the CFTMs, including type of CFTM, persons present, timing, and location to allow some quantitative reporting on CFTM implementation. They have developed an assessment tool for assessing the skills of experienced CFTM facilitators and conducted an assessment of the 12 lead facilitator coaches.[95] They have also instituted a Qualitative Service Review process that is focused on producing qualitative and quantitative data about system performance related to CFTMs.

While there is value in being able to produce basic tracking data from a database, the particular database that DCS is using is cumbersome. There are plans to develop and implement a web-based version of this database. Until that time, it might be worth limiting the use of the template to the minimum number of fields necessary for reporting on core characteristics of those meetings. It also might be worth reexamining the template in light of the information now being obtained through the Qualitative Service Review process to make sure that the value that the Department will receive from the collection of additional information is worth the additional burden of the data collection and reporting process.[96]

[95] Competency evaluations of new workers related to the CFTM-related skills that are part of the pre-service training are included in the competency evaluation being developed for that training.

[96] Some thought should also be given, especially at this developmental stage of CFTM implementation, as to whether certain categories of reporting in the template may inadvertently reinforce some of the old practice around "staffings" and undermine the efforts to implement a new, strengths-based, needs-focused, individualized planning process.

2. Implementation of "One Worker/One Child"

Among the activities that fall within the Child and Family Team Meeting domain is the implementation of "one worker/one child." Under the "one worker/one child" approach, the child's case manager is responsible for that child until the child reaches permanency, including permanency through adoption. The Department has eliminated the "handoff" from a "foster care unit case manager" to an "adoption unit case manager" of children whose permanency goal becomes adoption. Adoption specialists, instead of handling caseloads, are to help provide the Child and Family Team and the case manager with expertise in the adoption process and assistance in identifying and carrying out the variety of tasks associated with moving a child toward successful adoption.

During the past six months, the Department, with the assistance of external consultants, has conducted an assessment of the implementation of "one worker/one child" in three regions. The results of that assessment were reported in October. Among the key positive findings were the following:

- Handoff of cases from home county case managers to adoption specialists has ceased. In instances where cases were nearing finalization, the adoption worker retained those cases to support continuity of relationship and adoption support and to avoid disruption of the adoption process.

- Home county case managers feel more "connected" to their families, and relationships are stronger. When families have one primary person to work with, there is greater stability and continuity.

- Some adoption specialists report being engaged earlier in the life of the case, and their perception is that this earlier involvement appears to be having a direct impact on more timely permanency outcomes through adoption. Collaboration during Child and Family Team Meetings plays an important role in reaching permanency.

- Caseworkers are working harder on permanency issues as they embrace the "one worker/one child" approach.

- Some staff felt that adoption finalizations were occurring more quickly.[97]

- In some cases, when birth parents were provided with necessary information for them to make informed decisions around their child's need for timely permanency, surrenders were signed earlier on in the life of a case.

- The seamless system provides caseworkers with the opportunity to celebrate successful permanency with children and families.

[97] For the next monitoring report, the TAC will be looking to see whether there is data that supports this impression.

The assessment also identified a number of needs:

- There is a need for greater role clarity across the board, but especially regarding the responsibilities of the home county case manager and the adoption specialists whose roles have changed dramatically.

- There is a need for more training and staff development for home county case managers who feel unprepared to manage the adoption process, adoption specialists who may not have the expertise to coach and mentor, and adoption case managers who are now home county case managers struggling with foster care processes.

- Adoption specialists are concerned about job security as the home county case managers take on the adoption process and become more skilled in this process.

- There is a need to streamline the "one worker/one child" process by establishing a core set of practice standards across the counties and regions.

- There is an overall need for better communication, coordination, and collaboration among all workers.

- There is a need to review the workload of adoption specialists and home county case managers.

Within the next month, the Department expects to provide a report to the twelve regions outlining the results of the assessment and describing actions that have been taken in the pilot regions as a result of the assessment.

The Department also expects to complete a workload analysis in the upcoming months that will assist the regions in making the right staff allocation and workload assignments. The elimination of separate caseload carrying adoption workers has created a pool of adoption specialists with new responsibilities and an opportunity to reassign some of those staff to handle general caseloads.

The TAC will report further on the progress of implementation of the "one worker/one child" in the next monitoring report.

IV. Child Protective Services

The *Path to Excellence* commits DCS to significant improvements in the performance of Child Protective Services. These commitments include:

- improving the Department's performance in timely and high quality investigations of allegations of abuse and neglect;

- improving decision-making on children's safety and meeting child and family needs identified as a result of an investigation; and

- assuring that children and families are provided with sufficient services and supports to prevent unnecessary placement into out-of-home care.

In addition, this section of the *Path to Excellence* addresses Tennessee's responsibilities to effectively operate a Special Investigations Unit (SIU) and to improve the timeliness, quality, and results of investigations involving children in DCS custody.

The Department has met the majority of its commitments and has made progress in each of the goal areas included within this domain during this monitoring period, although significant challenges remain as the work continues to improve the quality of Child Protective Services. Effective November 2005, DCS appointed a new Director of Child Safety with responsibility for strategies and outcomes in this area.

The specific goals set forth in this domain are:

- increasing the number of CPS investigations that are initiated in a timely manner and completed within the required 60 days;

- ensuring that any allegation that a child who is in state custody has been abused while in state custody will be promptly investigated and the investigation completed within the required time frames;

- improving the quality of the assessment and decision-making in CPS investigations (by September 2006);

- in collaboration with the CSAs, providing services and supports to prevent reoccurrence of maltreatment and to prevent entry/reentry into foster care.[98]

[98] This last goal has been somewhat modified to reflect the incorporation of the CSAs into the Department.

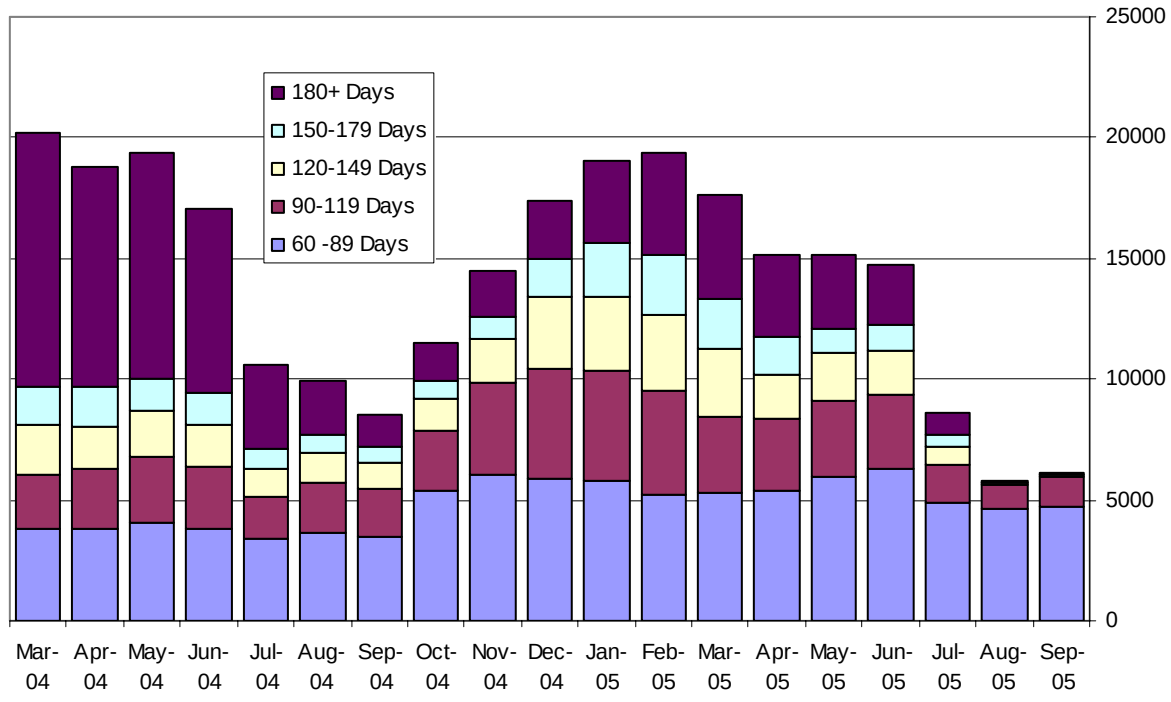
Goal 1: Increase the number of CPS investigations that are initiated in a timely manner and completed within the required 60 days.

The strategies related to this goal include: deploying additional staff to regions to reduce and eventually eliminate backlogs of past due investigations; establishing a centralized Hotline and Intake process, beginning in four regions and eventually statewide; appropriately staffing investigative functions in each region; and developing the capacity to collect, analyze, and use performance data to improve performance on timely initiation and completion of investigations.

During this period, DCS has been working diligently with regional leadership to reduce the considerable backlog of past–due investigations (investigations that are not completed within the mandated timeframe of 60 days) that was inherited by the current DCS leadership. In January 2004, the number of overdue investigations was about 22,000 statewide; this number declined to 17,406 by the end of December 2004. During the current period, DCS leadership made the reduction of the number of overdue investigations a priority and set a goal for each region that the number of investigations going beyond 60 days be reduced to no more than 20% of open investigations. Regional plans were developed and implemented to clear up the backlogged cases. Regional staff were supported by DCS leadership through the provision of staff overtime, the ability to temporarily hire retired staff to assist, and high-level management attention to and support for demonstrated progress.

Figure DR-4 below shows the number of overdue CPS investigations during each month from March 2004 to September 2005. As of August and September 2005, the number of overdue investigations was the lowest it has been in a long time—a reflection of the hard work during the spring and early summer to bring down the numbers in the backlog. During September 2005, the number of overdue investigations statewide had been reduced to 6,107.

Figure DR-4: CPS Open Investigations during September 2005



Source: CPS--Open Investigations Summary Report, September 2005 (CPSOPENR_T_20050930)

Having achieved the goal in late summer of reducing overdue investigations to no more than 20% of the total, work has continued to ensure that attention to timeframes in investigative practice remains a high priority. Each region was required to develop a plan indicating how they would maintain compliance, and DCS leadership at all levels has maintained diligent monitoring of the data on investigation timeliness. A protocol has been implemented requiring higher level approval for any investigation going beyond 120 days. Further, the positive teamwork that characterized the work over the summer to reduce the backlog has continued; regions are encouraged to reach out to neighboring regions for assistance if they experience either staff vacancies or an increase in investigations and cannot keep up with the workload.

Since much of the backlog was created because of the long-standing insufficiency of staffing for CPS functions, DCS leadership has worked to assure the appropriate number of investigative staff in each region. Based on a workload analysis, DCS was able to establish 56 additional positions statewide for this work, effective July 1, 2005 and has been working to fill existing vacancies and these new positions. As of November 1, 2005, there remained a total of 63 CPS vacancies statewide, down from 80 vacancies at the end of September. Of the 56 new positions, 36 are currently filled. The 20 that remain vacant are included in the 63 overall vacancies. Given ongoing difficulties that the agency is experiencing in recruiting and retaining staff for Child Protective Services, DCS has recently indicated that they are now exploring an option of differential pay

grades for CPS staff. Regions are aiming to have enough CPS staff so that no more than eleven new investigations are assigned to a staff member each month.

In addition to assuring that there are a sufficient number of staff, DCS has been pursuing strategies to improve the quality of investigative practice. DCS has revised policies regarding Child Protective Services Intake and Screening, Assignment and Response Priority. In order to better understand and address the barriers to high quality investigations and to reinforce best practice, state-level CPS leadership regularly meets with select field staff to review cases. These reviews use Structured Decision Making Tools and assess both the quality of case practice and case documentation to identify issues and to promote greater consistency in decision-making and case handling. (See discussion below under Goal 3 on improving the quality of assessment and decision-making).

During this period, a centralized intake system has been implemented statewide. The last regions to implement Centralized Intake joined the system in May 2005. Assistance from the National Resource Center was obtained to guide the state through this intake transition. Assistance included supervisor training, observation of the intake process, and development of training for new Centralized Intake employees. Eight new employees were recently added to the staffing pattern at Centralized Intake to deal with demand.

DCS reports that Centralized Intake continues to struggle with issues of experience and quality and they continue to identify problems and fine-tune the system. Problems still exist with staffing Centralized Intake on evenings, weekends, and over holidays, and DCS is exploring options for addressing this issue. The process to appeal, overrule, or reconsider a decision by Centralize Intake has been revised to assure that the same person who provided the initial screening decision does not process the reconsideration, and the Department is now assessing the impact of these changes. DCS is also conducting a customer satisfaction survey with police, hospitals, and schools to assess their experiences with Centralized Intake and is completing an internal program evaluation of the Intake operations. The assessment and program recommendations are expected to be complete by December 31, 2005.

A final important strategy related to improving both the timeliness and quality of CPS investigations is the routine collection, dissemination, and use of data on CPS performance. The Department is working with Data Quality to report CPS data regionally and also at a county and team level. There are several reports that provide information on open cases, caseloads, and priority response designations broken down by county, team, and sometimes case manager level. Monthly reports are distributed on quantity and types of referrals that are screened by Central Intake. The Department is just beginning to analyze this data in a comprehensive way and is therefore behind schedule in preparing a CPS semi-annual program review, now expected to be complete by January 15, 2006. Quarterly and semi-annual reporting moving forward will be the responsibility of the Executive Director of Child Safety, Central Intake, and the Regional Administrators.

Goal 2: All allegations that a child who is in state custody has been abused or neglected will be promptly investigated within 60 days

Strategies to achieve this goal include: developing and providing training on new DCS policy on CPS investigations for children in custodial care; providing sufficient staff to promptly investigate allegations of abuse or neglect for children in custody; and implementing timely corrective actions plans for institutional, group, residential, or contract agency providers where there is a pattern of abuse or neglect.

Allegations of abuse and neglect for children in DCS custody continue to be investigated by the Special Investigations Unit (SIU). These staff units are responsible to a single DCS administrator in Nashville and are out-stationed in four areas of the state, with each area covering two to three regions. DCS reports that turnover among SIU staff has stabilized. A comprehensive workload analysis for SIU staff was completed in March 2005. As a result of the workload analysis, an additional case manager has been requested for both the Mid Cumberland/Davidson and Upper Cumberland regions. It is expected that these positions will be created and filled by March 2006. The SIU is also adding a third team coordinator (reviewer) position and working with the Office of Personnel to upgrade 17 of the 25 case manager positions to CM3 positions. Both of these personnel actions have experienced processing delays.

An initial draft of the revised SIU Procedure Manual has been completed and is undergoing final internal review. The manual is a work in progress, and will continue to be adapted as procedures that require modification are identified by SIU staff and leadership. The procedural criteria have been developed to ensure that all allegations that a child who is in state custody has been abused in state custody will be promptly investigated and completed within the 60-day required timeframe.

During the previous monitoring period, it was reported that DCS had made considerable progress toward reducing the number of past due *Brian A.* SIU investigations. During this period, DCS has continued this progress, and as of October 3, 2005, there were 11 *Brian A.* SIU investigations statewide that were incomplete after 60 days. Table DR-6 shows the data for September 2005 by region.

Table DR-6: Number of SIU Investigations over 60 Days Old as of October 3, 2005, *Brian A.* Class

Region	Number of Investigations
Davidson	2
East Tennessee	0
Hamilton	1
Knox	1
Mid Cumberland	1
Northeast	0
Northwest	0
Shelby	1
South Central	3
Southeast	0
Southwest	2
Upper Cumberland	0
Statewide	**11**

Source: DCS Report #CPSBRIANINV-110

A continuing challenge for DCS leadership has been ensuring the quality of SIU investigations. The state-level QA/CQI process has resulted in a state-level team with staff from Central Intake, CPS and SIU to offer problem solving support to regions. SIU staff were trained on the Peer Review-Quality Assurance process in July 2005 and began using peer reviews statewide in August 2005. The peer review process looks at 10% of the SIU cases per month. Beginning October 2005, team coordinators are reviewing 3% of the total cases for their regions per quarter and team leaders also review every case before it is closed to assess the quality of the SIU investigative process and to ensure the safety of children in state custody. The Division of Internal Affairs is also often involved in SIU cases and reviews cases and also receives monthly data on SIU caseloads, regional trends, overdue cases, etc.

Whenever there is a documented incident or pattern of abuse or neglect in an institutional, group, residential, or contract agency provider, it is critical that there be swift action to develop, implement, and monitor corrective actions. Beginning in March 2005, DCS leadership began meeting monthly to maintain attention on poor performers and develop and implement standards for corrective action plans that target providers who have patterns of neglect. The interdisciplinary team, which includes Central Office staff from each of the divisions (including the Inspector General, Legal, and the Attorney General's Office), reviews the performance of individual providers, performs and tracks planned interventions and the results of those actions, plans and assigns responsibility for follow-up work with individual providers, and creates ongoing recommendations for policy and practice change. The team makes unannounced visits to the identified providers. These visits can be as often as two visits per month. As of October 2005, there are 20 providers that have been targeted for increased monitoring and corrective

action because of their SIU patterns. DCS believes that progress has been made in monitoring and requiring corrective action plans for institutional, group, and residential contract agency providers where there have been allegations of abuse or neglect. At the same time, they do not believe that they yet have sufficient internal capacity to provide needed technical assistance to facilitate providers' growth and development in ways that will consistently support a reduction in practices which result in SIU reports.

Goal 3: Improving the Quality of Assessment and Decision-Making in CPS Investigations

The Department's work to improve the quality of assessment and decision-making in CPS investigations involves several different strategies and will require consistent attention over time. To support these necessary quality improvements, DCS has implemented Structured Decision Making (SDM), first in two regions and moving statewide; has been progressively implementing Child and Family Team Meetings as part of the CPS decision-making process; and has begun the work to design and implement a functional assessment process for children and families. Each of these is complicated and difficult undertaking.

The Department has moved forward to implement SDM statewide. Working with the help of the Children's Research Center, DCS has developed and is using several different SDM tools to guide case assessment. Central Intake has been using the SDM response priority tool since December 2004 and the screening criteria tool since June 2005. Child Protective Services has been using the SDM risk and safety assessment tools since April 2005. CSA/Family Support Services has also been using the risk assessment tool since April.

Experience in other states suggests that developing the tools, providing the initial training to staff, and promulgating policy for full implementation are only the first steps toward introducing and supporting the use of Structured Decision Making. Full implementation requires ongoing attention to data on how frequently the tools are used as well as to the on-site mentoring, supervision, and support for high quality implementation. Due to data collection problems, as of the end of September, the Department is unable to determine the percentage of cases using SDM. However, according to the Children's Research Center (CRC) consultants who have guided the Department through SDM development and implementation, there has been an increase in the number of SDM forms being sent to them for data collection, which reflects an increase in completion rates.

The Department continues to work with CRC, and both CRC and the Department recognize the need for attention to the qualitative aspects of implementation. CRC consultants provided refresher training at the end of October 2005 and utilized a case review process in each grand region. The Department and CRC also recognize that collecting and analyzing data around SDM implementation is extremely important, albeit complicated for Tennessee. Because of plans to develop and implement a SACWIS system (see discussion in Domain VIII, Goal 2), DCS is hesitant to create an interim case management system to collect and use SDM data. As of November 2005, DCS

leadership is considering a few proposals for a temporary web-based system that can easily collect and provide reliable data to the regions and counties to identify patterns around utilization of the tools and the safety and risk levels of children.

A second important quality improvement strategy has been the implementation of Child and Family Team Meetings to aid in the CPS decision-making process. Regional implementation plans include Child and Family Team Meetings as an important part of the CPS decision-making, and DCS policy was revised to reflect this inclusion in April 2005. Implementation of CFTMs overall is discussed in greater detail under Domain III. All regions are beginning to incorporate CFTMs in the early stages of involvement with families in order to divert children from coming into care. However, two regions, Mid Cumberland (Sumner County) and Davidson, have specific protocols to address the process. Regions that are consistently implementing CFTMs anecdotally report improvements in the quality of the work when children and families first come to the Department's attention as a result of CFTM implementation, but they do not believe that this practice is consistently implemented or adequately documented. The Training Consortium plans to provide training for team leaders and team coordinators about documenting CFTM practice. Work is also underway to create a useful, comprehensive case-staffing tool in partnership with QA/CQI and front line staff.

A third important strategy to improve the quality of CPS decision-making is the design and implementation of a functional assessment process for children and families in Tennessee. DCS has committed to piloting the development of functional assessment in 2 pilot regions, Mid Cumberland and Knox. Exploratory meetings were held with these regions at the end of April 2005. Training was also provided in April for all team coordinators and team leaders and in June for Regional Administrators on how to support staff in the use of the functional assessment. The Functional Assessment Web Application was made available to the two pilot regions in June 2005.

In order to move toward statewide implementation of the Department's approach to functional assessment, an overview of the assessment model and application tool was provided in all regions in June and OJT coaches were trained. Some supervisors also began training in June and additional training continues. Staff from Knox County, Rutherford County, Montgomery County, McMinn County, Bedford County, various skilled facilitators, some team leaders and team coordinators and new staff who attended the satellite training in October have access to the initial functional assessment web application. Many of these staff report a desire for additional training to increase familiarity and comfort with the approach and the web application and to deepen their understanding about how and why it is to be used. The Department's policy on functional assessment was drafted in June and is undergoing internal review.

During the next quarter, the Department plans to conduct formal feedback sessions in the two pilot regions to better understand the successes and challenges in implementing a new approach to functional assessment. The Department will produce a report in January 2006 that enables them to create a baseline for initial web application use and to continue to think about quality issues surrounding the use of the functional assessment. Regional

staff have raised many questions about the transition from current practice (collecting a child and family's social history) to working with the family and other stakeholders to create a living functional assessment, and they have voiced their frustrations with the web application.

In response to the identified challenges to the implementation of functional assessment statewide, DCS is redesigning the web application and intends to focus intensively on one county from each region to provide on-site mentoring and coaching to increase understanding of and enthusiasm for the approach and user comfort with the web application. Once the redesign of the web application is complete (in February 2006), training will be provided, and all staff should have access to the new web application by March. Training will continue as regions identify needs based on their experience with the process and the web application. The initial web application is still being used, however, so that staff experience with it can continue to inform the redesign process. Knox County continues to be the county that DCS is using to test and polish implementation of the functional assessment.

Goal 4: Provide support services and supports to families to prevent reoccurrence of maltreatment and to prevent entry/re-entry into foster care

When this goal and the strategies under this goal were developed, the Community Services Agencies (CSAs) were responsible for the prevention, family preservation, and crisis intervention services designed to keep children out of custody or prevent re-entry of children into custody after successful reunification. The achievement of this goal was therefore focused on establishing performance measures for CSAs.

As discussed in the April report, the Department decided to bring the CSA role and responsibility "in-house" by incorporating the CSAs into the Department's family support services. The TAC concurred with the Department's judgment that this consolidation made sense, while also recognizing that its accomplishment would pose many implementation challenges. One issue was the desire to maintain some of the strengths of the CSAs in the development and support of a range of prevention and early intervention services and in administering funds in a more flexible and responsive manner than the Department itself has traditionally been able to. (The progress on integrating the CSAs into DCS is discussed further in subsection VII.)

Simultaneous with the Department's work to smoothly integrate the CSAs into the DCS structure, the Department has begun to introduce a new approach to better connect families to community resources and to provide services to families in lower risk situations without having to formally label them as "abuse or neglect" cases. The goal of this work is to support families before abuse and neglect occurs and to reduce referrals while protecting children from harm. The proposed approach, which would establish a Multiple Response System (MRS), is used in other states and has been shown to be successful in supporting families and protecting children through a more deliberate focus

on engaging families and other community resources to meet family needs and stabilize children within their families and communities.

A proposal for a Multiple Response System in Tennessee was drafted in April 2005. The Department is now working to integrate MRS into the CSA transition process. The Department is also working with regional leadership toward piloting an MRS system in Dyer County in the Northwest region and Marion County in the Southeast region, beginning in the spring of 2006. These regions are now inviting community stakeholders to join them in thinking through how DCS and community partners can work together to successfully implement a multiple response system. In addition, as part of the initial planning work, Knox and Hamilton county staff were asked to review 30-40 cases which were referred for service in September 2005 and to categorize them according to their level of risk using SDM criteria and their initial judgment about which cases would need to be served by DCS and which could be more appropriately served by community providers in a multiple response system. This kind of information gathering will be used to inform planning at the state and regional levels.

As the Department moves forward with implementation of this Multiple Response System, it will be critically important to:

- define very clearly which calls should be investigated and which should get a community response;
- to establish strong CQI systems around this process from the very beginning; and
- to build links between the CPS units and the community assessment providers.

V. Placement Process

Domain V of the *Path to Excellence* encompasses strategies designed to improve the experience of children entering out-of-home placement. If DCS is successful in implementing the strategies related to this domain, children will be more likely to be placed together with their brothers and sisters, with relatives whenever possible, in their own communities where they can continue to attend the same school, and in the least restrictive setting that can meet their needs. The experience of removal from home should also be less traumatic. Finally, this domain encompasses critical aspects of well-being for children in out-of-home care, including appropriate medical care, educational services, and protection from harm through careful monitoring of the use of psychotropic medications, restraint, and seclusion.

Goal 1: Redesign placement processes to integrate assessments, matching, utilization reviews, and resource expertise into a unified placement system (by April 2006).
Goal 2: Develop and implement protocols to reduce trauma experienced by children during the transition to placement (by August 2006).

These two goals are discussed together, as the work on trauma reduction has now largely been incorporated into the Unified Placement pilot.

On November 1, 2005, DCS produced a plan entitled "Unified Placement: Supporting Placement Stability." The plan describes a series of actions to be piloted beginning in Rutherford County, which is part of the Mid-Cumberland region, and then spread statewide during calendar year 2006. It was developed somewhat later than the Department expected, and by a somewhat different process as well, focusing on a single region but including a great deal of detailed planning within that region.

The Unified Placement plan has significant strengths, including the following:

- It is a serious, thoughtful effort to apply the principles of the *Practice Model* to critical activities. The plan addresses a wide variety of topics including, for example, how placement workers will get up-to-date information about the children they are responsible for placing; what steps the Department will take to ensure that Rutherford County homes are made available to Rutherford County children; and how Child and Family Team Meetings will be used for key placement decisions.

- It includes an important new commitment to make flexible funds available in every case where out-of-home placement is being considered, in order to prevent placement when a child can be maintained safely at home, or, when this is impossible, to support placement with a relative.

- It includes an internal reorganization that will create a single placement unit in the county, responsible for matching children with appropriate placements no matter what their needs. This new group will replace several units, each responsible for different kinds of placements, which largely worked in isolation from one another.

- It is based on a careful review of data about children entering care from Rutherford County and available placement resources in the County, and it includes ongoing data analysis to measure the success of the pilot.

Successful implementation of the plan will face important challenges as well. These include:

- The plan acknowledges, but does not yet fully integrate, other major initiatives of the Department—particularly the implementation of Structured Decision-Making and the development of a functional assessment process. These initiatives will have important implications for the placement pilot and it will be important for the

Department to proceed carefully to ensure that these efforts do not conflict with one another.

- The tools available to help placement workers match children with appropriate placements remain limited. The pilot effort has already developed an improved database of local resources managed directly by DCS, and there is to be a weekly conference call with all of the private providers operating in Rutherford County. This approach may be fruitful within a limited area but it will need to be supported by an automated system if the Department hopes to make progress statewide.

- It is not yet clear how specialized expertise will be made available to the Child and Family Team to support good decision-making for children with complex needs. The Department has identified an expert in this area with whom it is consulting, but it has not yet indicated when it expects to have new supports in place.

- The plan addresses a number of actions that are important in reducing trauma for children entering care, but it does not yet include a complete protocol or set of expectations for what workers will do in every case to address this issue.

- Many of the timeframes in the plan are coming very soon, and successful implementation will require sustained attention from both local and Central Office leadership.

On the whole, the development of the Unified Placement plan is an encouraging step forward. The TAC expects to review implementation carefully in its next monitoring report.

Goal 3: Implement quality visitation for children in custody, with sufficient frequency to meet the requirements set forth in the Settlement Agreement (by March 2006).

DCS identified two strategies related to this goal. First, the Department would focus on "quality visitation," beginning by studying how to make visiting as frequent and effective as possible, while also identifying barriers that stand in the way of quality visiting. It would then develop a new process in a pilot region, evaluate the pilot, and gradually expand the new system statewide. The pilot region was to begin in January 2005, with two more regions added by July 2005. The rest of the state was scheduled to take up the new visiting process between November 2005 and March 2006.

This work is well behind schedule. The Department conducted a literature review, identified a consultant with considerable expertise in visiting, and began a pilot in the Northeast region. That pilot has been evaluated and revisions are in process. Senior leadership of DCS is aware of the need to re-focus on this issue.

The second strategy involved clearer and more timely data reporting, so Central Office executive staff, regional leadership, and individual supervisors and workers could

understand which children were not seeing their families regularly and identify corrective actions. The Department does not believe that it is presently producing accurate data on family visits and is working to understand the causes of what they believe to be underreporting.

Goal 4: Appropriately address issues critical to the well-being of children in care.

The strategies under this goal focus on three specific concerns related to well-being:

- ensuring that every child receives a medical exam within 30 days of coming into care and, if appropriate, a psychological evaluation within thirty days, as well as any follow up medical or psychological attention that is appropriate;

- ensuring that newly promulgated "protection from harm policies" related to use of psychotropic medications, restraints, and seclusion are being implemented;

- continuing to implement the education plan previously approved by the TAC and completing the external evaluation of the remaining in-house schools.

Medical care and mental health treatment follow up:

As reported in Section Three, the 2005 annual case file review found documentation that 81% of children reviewed had received medical assessments within 30 days of entry into custody. An additional 14% of children reviewed had received medical assessments, although not within the first 30 days of custody.

The Department produces monthly reports from TNKids that track EPSDT assessments for children within the first 30 days of custody, as well as annual assessments. Changes have been made to the report over the past few months to make the data more relevant for regional planning and management, and there are ongoing efforts to support and improve the process. If any follow-up treatment is required, this data should be captured in the Services and Appeals Tracking (SAT) database. The SAT is accessed by regional health unit nurses and SAT coordinators, who work with case managers to ensure that follow-up care is provided. The system depends on case managers and dedicated regional SAT staff ensuring timely and accurate entry of data into the SAT database.

The 2005 annual case file review gathered data on the Department's provision of treatment for mental health needs. The findings indicate that of children in the review who had an indicated mental health need, 67% had received or were receiving treatment during the review period.

The Department is developing a tracking system for the provision of mental health services.

Psychotropic medication, restraints and seclusion:

As discussed in the April Report, the Department has worked closely and effectively with an external consultant on the development of an implementation plan that will provide the kind of training and oversight needed to make sure that medication is appropriately prescribed, reviewed, and monitored and that seclusion and restraint are only used in appropriate situations and in an appropriate manner.

Training

A critical aspect of the implementation plan is the training of case managers to be informed consumers when it comes to issues of medication involving children on their caseloads. Given the number of children who receive psychotropic medications while in custody (17% of the children in the 2005 Case File Review had been administered psychotropic medications at some point during the six month review period), every case worker needs to have the understanding of an informed parent, needs to know what questions to ask, and needs to know when and how to involve the DCS health nurses, psychologist, and/or psychiatrist in appropriate cases.

To address this need, the Department has developed special trainings focused on psychotropic medication policy, behavioral management, and medication administration for unlicensed personnel. The Psychotropic Medication Policy curriculum has been completed. This training is designed to be facilitated by regional management staff and ultimately delivered to all case managers through a required in-service module. There is a preliminary plan for implementing this training, which will begin in early January 2006 and be completed in approximately four months. The behavioral management curriculum, Fostering Positive Behavior, is currently in development at Middle Tennessee State University, with an expected completion date of February 2006. The Department will continue to work with the Training Consortium for statewide implementation of this curriculum. The training for the Medication Administration for Unlicensed Personnel has also been completed and submitted to the Training Consortium for review and implementation with nurses and private providers.

Data Tracking System

In order to increase its ability to gather accurate and relevant health information, the Department developed the Psychotropic Medication Application Database (PMAD) in February 2005 and linked it to TNKids in May 2005. However, PMAD failed to provide the level of functionality the Department needs to comprehensively track all aspects of psychotropic medication use for children in care and has proven to be inefficient for daily medication monitoring. The Department is committed to creating a web-based application that will provide better tracking for all health services, including psychotropic medications. This application is targeted for completion at the end of April 2006. Until that web-based tracking system is fully operational, the Department continues to use the PMAD as its primary method of tracking and monitoring use of psychotropic medications.

Utilization of Blue Cross/Blue Shield Pharmacy Data

The Department is presently receiving paid claims pharmacy data from Blue Cross/Blue Shield (TennCare Select) on a monthly basis and has data current through August 2005. The DCS Research and Development division is analyzing this pharmacy data to provide aggregate information on psychotropic medication use, such as the top ten medications prescribed for children in custody and a breakdown of usage by race, age, gender, class of medication, and placement. The Pharmacy and Therapeutics Committee had its first meeting in December and used this data to identify and address prescribing practices that fell outside of the medication monitoring guidelines.

While the combination of the Blue Cross/Blue Shield data base and the web-based application will improve tracking and oversight, it will still be important for the Department to ensure that there is a system in place for the immediate sharing of medical information related to psychotropic medications, especially as children enter a new placement. The Department is exploring both short-term "low tech" approaches as well as longer term "high tech" approaches to making sure that certain core information regarding a child's medical history and present medication regimen are uniformly available to those who are caring for children.

Oversight by Health Nurses and Psychologists

The Department has worked to improve the staffing of health unit nurse and psychologist positions across the state. Currently, the Department has 17 health unit nurse positions: 15 of these are in the regions and two nurse managers are housed in Central Office. Only one regional health unit nurse position is not currently filled. There are currently positions for 12 psychologists across the state, eight of which were filled in November 2005. These psychologists will assist the Department in monitoring providers and giving support and technical assistance to DCS staff and private agencies. The Director of Medical and Behavorial Services has begun training the regional psychologists in the areas of restraint and seclusion to ensure a greater understanding of and expertise in the rules and regulations surrounding the use of restrictive interventions and to help provide additional technical assistance and support to DCS staff and private providers in this area.

Site Visit Reviews

The Department continues to conduct unannounced site visits to residential facilities by multi-disciplinary teams consisting of regional and Central Office personnel. The site visits consist of interviews with staff and youth, as well as reviews of personnel, training, and clinical records to determine whether the programs are actually implementing protection from harm policies. Many of these unannounced visits have been part of a targeted review of all Level 3 and Level 4 facilities, and other sites were reviewed due to concerns brought to the attention of the Department through Serious Incident Reports, monthly “Agency Watch” provider oversight meetings, and stakeholder concerns and complaints. The Department also uses the Network Provider Review (NPR) process in closely monitoring private providers. The NPR is a collaboration between Central Office

and regional staff to openly discuss concerns about a specific provider as well as determine action steps and follow-up. One possible outcome of an NPR is an unannounced visit to a provider to examine issues such as staff to child ratios, medication administration, the use of restraint, and quality of clinical care provided to the children.

Program Accountability Reviews

In addition to site visits, the Department has oriented private providers to the new expectations regarding practice around medication administration, restraint, and seclusion and provides ongoing monitoring of providers' compliance with protection from harm policies through the Program Accountability Review (PAR) process. This review assesses compliance with the DCS Provider Policy Manual, including compliance with protection from harm policies. PAR reviewers use a tool developed from the policies and Self-Assessments that each provider completed in the fall of 2004. Any flagrant violations of the protection from harm policies are reported immediately to the Director of Medical and Behavioral Services for follow-up. Data is gathered and used in PAR monitoring reports to provide detailed information regarding each provider's compliance with protection from harm issues.

Serious Incident Report Investigation and Monitoring

Annually, the Department receives and records 18,000 serious incident reports (SIR), including reports of misuse of medication, use of restraints, and seclusion. The system for reviewing, prioritizing, investigating, responding to, and conducting follow-up activities for SIRs has long been fragmented. While some efforts have been made to restructure and revise the system, there remains a variety of investigators, licensing staff, specialized SIU staff, as well as those working with the Director of Medical and Behavioral Services, who might be involved in some way with the broad range of serious incidents and related issues.

The Department recognizes the need for a more systematized approach to this area that ensures that there is a principled and prioritized response, that the information about an incident gets to all those who may need to take action on that information (whether it be to protect an individual child, to determine whether other children are at risk, to sanction an agency, or to take other appropriate action) and that the feedback loop is closed with the reporting back including not just that a corrective action plan has been developed, but that the plan has actually been implemented and monitored to the extent necessary to assure the desired result.

To ensure this, the Department is conducting a redesign of the Serious Incident Reporting process that will allow the Department to capture more complete information about incidents related to protection from harm issues. The redesign calls for all incidents to be classified according to level of severity and for comprehensive data to be captured in a web-based application. Recording this information should allow for more comprehensive monitoring of agencies and better oversight of care for children. This web-based system is scheduled to be implemented in the second quarter of 2006. The Department's plan to

engage Dr. Chris Bellonci in the work around Serious Incident Reporting (SIR) is also a promising step forward in addressing SIR issues in a thoughtful, comprehensive manner.

Completion of in-house school evaluations:

The evaluation of the in-house schools has still not been completed; however the department has provided the TAC with an evaluation proposal that identifies the right information that needs to be gathered and the right areas that need to be evaluated. The proposal calls for site visits to each of the 38 in-house schools serving class members to gather this information. The TAC has asked the Department to provide some information on the methodology the evaluators will use in collecting information at the site visits, including the extent to which classroom observation, interviews with students and parents, and other "key informant" interviews will be part of the approach taken.

VI. Foster, Kinship and Adoptive Home Development and Support

The *Path to Excellence* is focused on improving supports for current foster and adoptive parents; increasing the appropriate use of and improving supports for relative caregivers; recruiting a significant number of additional resource families, primarily in the communities from which the largest number of children are entering foster care; placing a special emphasis on families interested in accepting teenagers and special needs children; increasing the use of child-specific recruitment efforts for foster and adoptive placements; and improving the adoption process and integrating it into the rest of the agency's work.

This part of the implementation plan has been supplemented by the issuance by the TAC of the findings and recommendations of the second *Brian A.* Needs Assessment (which focused on needs related to recruitment and retention of foster and adoptive parents) and by the Department's recent development of an additional set of strategies and action steps to implement those recommendations (as is required by the Settlement Agreement).

The goals of Domain VI include:

- actively implementing comprehensive regional foster care and adoption recruitment and retention plans;

- developing regional capacity to promote targeted and child-specific recruitment efforts and undertaking those activities for children with permanency goals of adoption but without an identified adoptive family;

- increasing placement options through early identification and support of relative resources (by January 2006); and

- increasing departmental and regional capacity to support and retain resource families.

Goal 1: Implementing regional foster care and adoption recruitment and retention plans

The strategies for accomplishing this goal include: developing and implementing initial regional recruitment and retention plans based on ongoing assessment of needs and resources; developing and implementing a policy that combines recruitment, training, and licensing functions for foster and adoptive families ("dual certification"); and developing data analysis and CQI processes to support resource family recruitment and retention work.

Considerable effort has been invested in the development of regional recruitment and retention plans, including the development of the data the regions need to develop those plans and to monitor their implementation. However, there is no indication that these early efforts to implement those plans are yet having any significant impact on resource home recruitment and retention.

Each of the 12 regions has developed a regional implementation plan. The second domain of each of these plans, Resource Home Recruitment and Retention, focuses on increasing the number of kinship, foster, and adoptive homes and supporting and retaining current homes. The plans each include an initial analysis (based on available regional data) of the characteristics of the foster care population in the region and the characteristics of the present resource parents (DCS and private agency) in the region, in an effort to identify any shortages in the number and type of resource homes needed to meet the goal of having enough "local homes for local kids."

Each plan includes a set of goals, strategies, and actions steps (with responsible persons and time lines designated) related to improved recruitment and retention. Each plan also sets outcome goals for increasing the number of children placed with families and increasing the number of children placed in their own community against which the success of these efforts are ultimately measured.

To assist the regions in this effort, the Central Office is currently producing an Available Homes report from the FHACP database and a Resource Home Ratio Report. In the next TNKids build, 18 reports related to resource home recruitment and retention will be added: First Year In-service Training Report, In-service Training Hours Report, Open Homes Report Summary, Approved Homes Timeframe Report, PATH Follow-up Report, Referral Source Report, Reevaluation Overdue Report, Expedited Placement Timeframe, Child Demo Recruitment Report, Exit Custody Recruitment Report, Same Zip Code/County Placement, Cleaning Report, Multi Ethnicity Placement, Closed Foster Home Report, Foster Home Available Homes, Foster Home Recruitment Report, Resource Home Ratio Report, and Capacity Exception Report.[99]

[99] This build had originally been scheduled for release in early 2006; the Department is in the process of reviewing and revising the timetable for completion of this next build.

The Department believes the resource home data will be much improved and more accurate once it is folded into TNKids. While there have been considerable improvements in the process for collecting and reporting resource family related data, there remain areas that appear to the TAC to be problematic.

Regions are entering data into the FHACP data base; however, at least some regions appear to continue to rely on their own internal regional tracking systems for the day-to-day data they need about available resource homes. As a result, they may be more conscientious about keeping their regional databases (there appear to be separate databases for DCS homes, private provider homes, adoption only homes, and perhaps other categories of homes) accurate and up-to-date than they are about ensuring timely, accurate, and complete updating of the FHACP.

In addition, the FHACP database does not appear to distinguish between the number of children that a resource home is approved for (based on the number of bedrooms, etc.) and the number of children that a resource parent is actually willing to accept at any given time (since a significant number of resource parents who have room in their home for more than one child have informed the regions that they would only feel comfortable with one foster child at any given time). Given this, the role of the regional resource manager in updating and maintaining resource home data in the FHACP (as opposed to separate regional databases) is crucial to the production of a report on resource home availability that is a useful management tool. The maximum capacity of a particular resource home, for example, should reflect the actual number of children who can be placed in the home (whether due to a resource parent's request or to the needs of the children placed) rather than the number of children approved for placement in the home; and this capacity should be changed (with the reasons for such changes documented) as often as needed to reflect actual capacity. When the FHACP is merged into TNKids, a field will be added for those resource families who are "adopt only" so that these homes can be more easily identified. The technology will be greatly enhanced; however, management will need to monitor closely the day-to-day utilization if the agency is to achieve the goal of a unified placement process.

The Department has also made some progress toward developing an important source of data to help them inform their resource parent recruitment and retention efforts: feedback from resource parents.

The Settlement Agreement (IX.C.3) requires the Department to conduct "exit interviews with all foster families who voluntarily resign as foster parents, and to issue annual reports on why foster families leave DCS and what steps are necessary to ensure their retention." A uniform exit interview protocol has been developed for gathering information from resource parents who voluntarily leave the system. A standardized tool has been developed and approved by the Commissioner. It is not clear when the Department will start using the survey or how the information will be gathered, analyzed, and reported.

Notwithstanding some significant work in planning and data gathering and an explicit acknowledgement by Central Office and regional leadership of certain key principles to guide recruitment (that resource parents are the best recruiters and should be utilized in recruitment, that more time should be allocated to child-specific and targeted recruitment, that recruitment is everybody's business), it does not appear that any region has yet moved to actually do recruitment in a significantly different way or to identify and respond to the particular challenges to retention of resource parents.[100]

At this time there is no evidence that any region is experiencing a significantly greater level of success in recruitment than they have in the past or that any region is having greater success at retaining resource parents than it has had in the past. The area of recruitment and support of resource families is one in which a number of private providers have demonstrated considerable success. The Department should explore creative partnerships with qualified private providers in the area of both recruitment and support of resource families.

Goal 2: Targeted and child specific recruitment to find adoptive homes

The strategies for accomplishing this goal include: providing training, consultation, and technical assistance on child-specific and targeted recruitment, and developing and implementing regional and statewide plans to reduce the number of children with permanency goals of adoption who are waiting for a permanent family.

Consultants have provided some statewide training to recruitment staff related to targeted and child-specific recruitment.

Notwithstanding this training, the TAC has not been made aware of any regions that have made any significant shift in the time and resources devoted to targeted and individual recruitment. It is not clear whether the regions are approaching targeted and individual recruitment differently, based on the training that has been provided, or whether they are experiencing greater success with targeted and individual recruitment than they have in the past. The activities that have been reported to the TAC by the regions appear to be in the nature of general recruitment, although a number of regions are targeting specific zip codes or counties within their regions.[101]

[100] Hamilton County initiated an "incentive" program that provides a cash payment to resource parents who successfully recruit new resource parents. This program is now a statewide program. Hamilton County is also negotiating with private providers to target recruitment of DCS resource homes within specific zip codes. Mid Cumberland has geo-mapping capabilities in place that the region plans to use for targeted recruitment purposes.

[101] The Central Office has made a range of standardized general recruitment materials readily available to the regions through a "supply store" in the Central Office in an effort to relieve the regional recruitment staff of the burden of creating general recruitment materials on their own.

Goal 3: Improved utilization of relative placements

The strategies for accomplishing this goal include: developing and implementing policies that support appropriate use of relatives as alternatives to state custody or as approved kinship foster parents for children in state custody and clarify the variety of issues regarding the identification and support of relative caregivers; developing and providing to families accurate and easy-to-follow information regarding available support; implementing a statewide relative caregiver program; and exploring subsidized guardianship.

Over the past year, the Department has significantly expanded the range of supports and options available to relative caregivers, clarified eligibility requirements for the variety of supports, and simplified the process for getting those supports to relatives in a timely manner. Nevertheless, it does not appear that these improved supports and expanded options have increased the Department's utilization of relative resources. Staff attitudes towards relative placement, staff skill in identifying and engaging relatives, and staff abilities to understand and connect families with the available supports are critical factors that will determine whether increased numbers of relatives will be willing and able to provide placements for children through the improved support infrastructure for relative caregivers.

On a positive note, the importance of identifying potential relative placements has been strongly emphasized across the state. To promote this diligent search effort, DCS has contracted with Lexis Nexis to assist staff in locating these relatives. Each region has identified staff members that have been trained and authorized to utilize the search engine through Lexis Nexis. DCS staff have reported significant decreases in the amount of time it takes to locate relatives when using this search engine.

Information on Relative Caregiver Options

The Department continues to provide information and training on options for relative caregivers. For DCS staff and those who get their information by referring to written policy, DCS Policy has been revised to include a definition of a Relative Caregiver and the policy includes a link to the Relative Caregiver Program Operations Manual. Statewide trainings were held in July and September for all Relative Caregiver Program staff. For family members and others working with them, the Department has produced a brochure regarding options for families that continues to be distributed to the regions, community-based agencies, courts, and families.[102]

[102] This brochure has replaced the brochure that was initially used by the Department. The new brochure appears to have the same substantive information, but it is presented with a more complex format, sentence structure, and vocabulary and is therefore less easily understood than the previous brochure by persons with limited education.

Expansion of Relative Caregiver Program

The expansion of the relative caregiver program is proceeding on schedule. Phase I of the Relative Caregiver Program statewide expansion plan was implemented in July 2005 and expanded to Knox, Hamilton, and East regions in July 2005. Three Announcements of Funds were issued for the Northwest region prior to selecting a lead agency in September 2005. The Relative Caregiver Program is currently available in seven of the twelve DCS regions across the state: Shelby (UT Memphis Boling Center for Developmental Disabilities), East (Foothills Care, Inc.), Knox (Foothills Care, Inc.), Upper Cumberland (Upper Cumberland Development District), Hamilton (Southeast Development District), Northwest (Carl Perkins Exchange Club) and Davidson (Family & Children's Service). A Budget Improvement Request was submitted in September 2005 requesting additional funds for the Relative Caregiver Program.

The Department is beginning to collect data on the relative caregiver programs and to require quarterly reports from the programs.

Subsidized Permanent Guardianship

The Department's effort to expand the options available for relative caregivers and permanency opportunities for children placed with relatives has also proceeded as planned. Permanent guardianship became an available legal option in July 2005. The Department's application for a IV-E Waiver for subsidized guardianship was approved in October 2005.

Data on Utilization of Relative Placement

While considerable progress has been made in creating additional options and supports for relative caregivers and increasing awareness of these options and supports, the TAC is not aware of any data that indicates that these activities have actually increased the rates of utilization of relative caregivers, whether statewide or within specific regions, either as alternatives to state custody or as kinship foster homes.[103] It is also not clear whether those relatives who could benefit from the additional options and supports are getting the information that they need and are able to access the supports that are now available.

The Department in both its policies and its public discussion has fully embraced the importance of utilizing relative resources in appropriate cases. However, historically some DCS offices have been perceived as ambivalent about or even hostile to utilization of relative resources. In addition, many staff did not receive sufficient training about how to effectively identify potential family resources, and they often lacked the skills necessary to effectively engage extended family members in ways that maximize the ability to draw on the extended family as a resource.

[103] First placements with kinship caregivers over the period from January 2002 to June 2005 have ranged from a high of 18.8% of the first placements in 2003 to a low of 14.7% of the first placements during the first six months of 2005. (See Section Two, Figure ___)

It will be critically important to focus on attitudes and skills of frontline staff, especially those who are involved with families at the early stages of a case. Fortunately, the person who has been leading much of the Department's work to improve supports and options for relative caregivers has now assumed a significant responsibility for improving practice in the CPS area.

If staff embrace the *Practice Model* and are being supported in their efforts to effectively identify and engage family members, we should see an increase in utilization of family resources and more children and families should be able to benefit from the improved options and supports that are now available for relative caregivers.

Goal 4: Increasing regional capacity to support and retain resource families.

The strategies to accomplish this goal include: providing a comprehensive, relevant, and timely pre-service training and approval process for prospective resource parents, and developing and implementing a comprehensive support system for resource families.

The Department has been working on a variety of activities related to this goal.

Resource Parent Training

The PATH (Parents as Tender Healers) curriculum, Tennessee's foster and adoptive parent certification training curriculum, has been revised to include additional material on working with youth, birth parents, kinship resource parents, and community partnerships. In addition, race and culture issues are now woven into every PATH session, including cultural implications for grief and loss, working with the child's family, discipline, child development, and teamwork. While there is always opportunity to improve the curriculum, the PATH training now adequately covers the key areas that resource parent training should cover.[104]

The responsibility for the delivery of the PATH training has now been formally shifted to the Consortium, consistent with the overall DCS training plan. However, this appears to be a transitional period for the PATH training and it is unclear whether the Department and the Consortium have a clearly developed rollout plan for the delivery of the new training.

Some work has been done to develop the skills of some of the PATH trainers to deliver the new content. The external consultant that worked with the Department on the revisions conducted nine sessions for some PATH trainers on this new content and provided them additional content to support their development in teaching the new content.

[104] The PATH training does not include the role of the foster parent in the Child and Family Team Meeting. Some thought should be given to providing some orientation to this role either in the PATH training or through subsequent in-service training.

More trainer development is needed to ensure that all trainers have the content knowledge and training skill to deliver the PATH training effectively. It is not clear at this point how the Department and the Consortium will be developing their trainers, ensuring that the curriculum is being delivered accurately (the content is actually being taught) and effectively (the trainees are engaged and learning), and evaluating the trainers and the curriculum so that improvements can be made.

The Department has embraced the importance of ensuring that every PATH class makes extensive use of experienced resource families as PATH co-trainers. Feedback from trainees has consistently reflected the value they find in having resource parents bring their personal, in-the-trenches experiences into the discussion of the course topics. It does not appear that resource parents are being used much beyond a single panel discussion session. The Department is exploring why the regions continue to struggle with engaging resource parents.

Each region is responsible for developing and updating a comprehensive list of pre-service and in-service training available for resource parents. PATH classes are generally offered over either a 10-week period (with shorter weekly sessions, each covering a module) or a 5-week period (with longer sessions or more frequent sessions covering more than one module). If a prospective resource parent misses a particular class of the series that he or she is enrolled in, that person can make up the class by attending that module in a series that they are not enrolled in.

The Department has indicated that arrangements can be made for individualized PATH classes in certain circumstances for prospective parents when the timing of the regularly offered PATH training creates an obstacle to timely completion of the training; however, there appears to be some need for clarity on how to appropriately make these accommodations. There is also some confusion about whether it is appropriate (and/or desirable) to have special PATH classes just geared toward kinship foster homes.

Approval Process

The Department has made appropriate modifications in written policy regarding the approval process, including developing a specific policy outlining the process for expedited resource home approval and the process for approval of DCS staff as resource parents.[105]

The Needs Assessment identified a number of regions in which there were inordinate delays in getting prospective resource parents through the approval process. The

[105] There has been some confusion about whether DCS staff were prohibited from becoming resource parents and it is not clear whether, as a result of some initial communications about the propriety of staff becoming resource parents, there remains some misconception about this issue. It is the Department's present position that they want to maximize every opportunity for family placements and permanency for children and therefore encourage those among their staff who want to be resource parents to do so; however, in order to avoid any real or perceived conflict of interest, there are special considerations and procedures to follow whenever a child in DCS custody is going to be placed in the home of a resource parent who is a DCS staff member.

Department has made resources available, through a contract with a private provider, to supplement each region's capacity to offer PATH training, conduct diligent searches, complete home studies, and conduct reassessments of previously approved homes. The Department reports that over the past several months the contract agency has received 471 referrals that have included requests for 637 contract services: 72 diligent searches, 324 home studies, 4 expedited home studies, nine re-assessments, and delivery of PATH training to 139 prospective resource parents. The Department reports that a number of regions that have had "backlogs" have utilized the contract to eliminate backlogs and that at this time no region is reporting a backlog or log jam because of any inability to access any of these services related to the approval process.

Notwithstanding this success in reducing backlogs in resource home approval, the Department believes that the training and approval process is generally not being completed as quickly as it could be.

The Department has done some significant work to build its capacity to generate the data it needs to understand how the recruitment process is working, from initial contact by a prospective resource parent to final approval, in order to be able to identify bottlenecks in the approval process, develop and implement strategies for addressing those bottlenecks, and track the results to see whether the strategies are working.

By February 2006, the Department should have baseline data (both statewide and by region) of at least some key measures of timeliness of the approval process. By the time of the next monitoring report, the TAC would hope to be able to report on this baseline data and the strategies that have been developed and are being implemented in each region to improve the timeliness of the approval process.

Resource Parent Support System

The Department has also made some progress toward creating the infrastructure for a resource parent support system.

The Department has recognized that resource parents benefit immensely from the support that they are able to give each other and that it is especially important for less experienced resource parents to be able to call on more experienced resource parents for support and advice.

The Department has continued to support the "Foster Parent Advocate" program with its specific focus on providing information to the Foster Parents about the Foster Parent Bill of Rights, helping resolve disputes that a foster parent may have with a DCS staff person, and providing information on the investigation process to any resource parent against whom an allegation of abuse or neglect is made. The Department has also committed to the development of a separate mentoring program in each region.

A Resource Parent Training Director has been hired by the University Consortium. The Director is currently in the process of hiring an Advocate Program Liaison whose role

will include support for both the Advocate Program and the Mentoring Program. The Liaison will work with each region to pilot a uniform mentoring model that will be developed by January 2006.

VII. Resource Development

Domain VII of the *Path to Excellence* addresses a broad set of issues related to resource development and utilization. These include obtaining the financial resources needed to fund an effective child welfare system; making those resources available to support individualized, flexible service plans for children and families; locating or developing additional services in rural areas and recruiting and supporting minority and community-based vendors; and clarifying expectations of contract providers, better evaluating those providers, and using the results to drive system improvement ("performance-based contracting").

Goal 1: Establish a fiscal management plan to maximize resources needed to implement the Path to Excellence and the Brian A. Settlement Agreement and begin securing necessary resources.

The Department has submitted to the TAC a Fiscal Program Implementation Plan outlining its approach to resource development and management. Significant progress has been made toward maximizing IV-E funding. A review of Department practices completed in June by a highly qualified external consultant found that Tennessee's current federal claiming structure is "fundamentally sound." The Department has identified some areas for improved claiming and is pursuing revenue maximization strategies consistent with the consultant's recommendations.

Goal 2: Identify cultural and demographic resource barriers and increase capacity to provide services in rural jurisdictions.

For each of the two strategies related to this goal, work is well behind schedule and it is not clear that the Department is well-positioned for success.

First, in September 2005 (five months after the planned date of April 2005) DCS held a symposium on services in rural areas, including representatives of all eight regions that are predominantly rural. The symposium raised useful issues but the Department has not yet indicated how it plans to use the results of the symposium or what specific goals it wants to achieve with regard to service expansion in rural areas. There is one positive development to report on this front: the fact that Needs Assessment funds have been made available to regions with considerable flexibility in how they are used has at least the potential to help rural areas develop additional services.

Second, the Department was to develop a cultural competency plan by May 2005, incorporating recommendations from an internal Committee for Multicultural Affairs and the results of the study done by Dr. Ruth McCroy. One piece of this plan would address contracting with community-based, minority-run service providers as a part of the Department's broader strategy of strengthening services in the communities from which the largest numbers of children come to the Department's attention. The Department has not presented the TAC with any specific progress that has been made in increasing community participation. As noted in Subsection I, the Department has not yet completed its cultural competency plan.

Goal 3: Develop mechanisms and tools to clarify expectations of and improve communications with contract providers and system partners.

Most of the specific actions the Department committed to in the *Path to Excellence*—for example, revising the provider policy manual and annual audit process, and developing performance measures for private providers—have either been completed or are well underway. DCS is working effectively with the Chapin Hall Center for Children to develop and use sophisticated outcome measures, similar to those Chapin Hall has developed in consultation with other jurisdictions. Such measures can be used not only to evaluate individual private providers, but also to compare performance among DCS regions.

DCS has already put performance-related language into provider contracts, and Chapin Hall has made a presentation of the performance approach to Department managers and private provider representatives. The full implementation of this project is likely to take at least another eighteen months.

DCS has also carried out the large majority of the recommendations from the TAC's study of continuum contracts, issued August 18, 2003. As a result of this activity, the Department has increased expectations for continuum providers to meet the needs of most children—even those with challenging behavioral issues—in family-based settings. DCS has also worked with individual providers to help them move towards these goals, in some instances changing contracts as a result.

This work suggests that the Department is better positioned now to work effectively with private providers towards the goals set out in the *Path to Excellence*. Significant challenges remain with regard to the integration and leadership of this work. While the outcome measures being developed by Chapin Hall are a very important source of information about private provider performance, DCS has many other interactions with these same agencies. Private agencies routinely encounter requests and demands from: Regional Administrators; resource development staff at both the regional and central level; quality improvement staff; fiscal officers; workers conducting abuse and neglect investigations; and, of course, DCS frontline workers and supervisors responsible for individual cases. The Department has not yet clarified how these many pieces are expected to fit together to create a coherent picture of each agency's performance, nor is

it clear who within DCS has the lead responsibility for making overall judgments about an individual provider. DCS has taken some encouraging steps in this regard—for example, having multiple units collaborate on reviews of residential facilities where there are concerns about implementation of the "protection from harm" policies. But considerably more work remains to be done if the Department is to be able to send clear messages to its private provider partners and make effective use of the new tools it is developing.

This year DCS has also been bringing in-house the work formerly done by separate Community Service Agencies in each region. The Department has devoted a substantial amount of work to the many administrative issues involved in this effort, ranging from absorbing personnel to reviewing and approving contracts formerly administered by the CSAs. DCS has created a system by which flexible purchasing authority will be available to each region, mirroring the way CSAs were used to spend flexible funds in a manner more rapid than DCS could have done through the state's purchasing system. The Department is also reviewing contracts individually and requiring providers to identify their program model, the outcomes they expect to achieve, and methods for measuring these outcomes. These administrative changes appear to be proceeding relatively smoothly.

It is still too early to judge whether the CSA integration project will produce the broader benefits envisioned by the Department. DCS will need to attend to such critical questions as: whether it has the right quantity and array of services in each region to support families so children at risk of out-of-home placement can safely remain at home whenever possible; whether the current service models are effective or need to be altered; and how to build effective connections between DCS protective workers and the community-based prevention and support programs. The Department will also have to ensure that the new contracted purchasing authority system is as flexible and efficient as expected. In this regard, it is important for the Department to more clearly identify the means by which it will track and evaluate both operational measures (e.g. spending flexible funds effectively and efficiently to meet child and family needs) and progress towards its broader goals (e.g. effective support for families at-risk of having a child placed in out-of-home care). This effort should be the focus of substantial attention by leadership at both the Central Office and regional levels over the coming months.

Finally, "flex funds" are used not only by the CSAs (to support families and prevent placement or re-placement in out-of-home care), but also by DCS staff to help meet the needs of children in care, support resource families, and provide services that may lead to reunification. In our last monitoring report, the TAC noted progress in this area: The Department's fiscal office had promulgated procedures making flex funds easier to access for workers in the field. Recent reports suggest that these procedures have been unevenly understood and used across the state. As a result, some children and families now have a broader array of services available to them, but others may not, because the workers and supervisors assigned to help them either do not yet understand the revised

procedures or do not apply them consistently. This is an area in need of follow-up by Regional Administrators as well as Central Office leadership.[106]

VIII. Quality Assurance, Continuous Quality Improvement and Data Management

The Department has made significant progress during this period on implementing the *Path to Excellence* strategies related to quality assurance, continuous quality improvement and data management. The Department's leadership at the state level has placed a very high priority on transforming DCS into an organization that is responsible for assessing its own performance and that gathers, analyzes, and uses quantitative and qualitative data to monitor performance, identify strengths and weaknesses, and continually improve practice and outcomes for children and families.

The *Path to Excellence* committed DCS to ten strategies to achieve two essential goals: the creation of a sound and well-supported DCS infrastructure to support an ambitious and wide-ranging continuous quality improvement agenda; and the development of the information, tools, and capacities needed for full implementation. On the whole, progress toward these goals has been an area of strength for the Department. Significant accomplishments include:

- strengthening the state and regional infrastructure and staff capacity to carry out a comprehensive quality improvement agenda;

- vastly improving the production, distribution and use of management reports which provide increasingly reliable data on key processes and outcomes related to DCS responsibilities for children and families;

- gaining state approval and initiating the work to develop a new web-based State Automated Child Welfare Information System (SACWIS) that will replace outmoded existing data collection and information management systems;

- launching a Qualitative Service Review (QSR) process in collaboration with the Tennessee Commission on Children and Youth's CPORT review process which will provide DCS and external stakeholders with powerful information on the quality and effectiveness of their work with children and families; and

- taking early steps to pursue accreditation for DCS by the Council on Accreditation.

These accomplishments as well as the challenges that remain in this area are discussed in more detail in the sections below.

[106] The Department is trying to produce more detailed tracking information on flex funds. The TAC hopes to be able to draw on that information for further reporting on flex fund utilization in the next monitoring report.

Goal 1: DCS will have the necessary infrastructure to support statewide continuous quality improvement.

At the time of the last monitoring report, the TAC acknowledged the Department's commitment to create a system of continuous quality improvement and commented favorably on the quality and ambition of the Department's QA/CQI Plan. Much of the Department's work during this period has focused on building the infrastructure and staff capacity to support continuous quality improvement. The Department has created a functional Quality Assurance structure both in Central Office and in the regions and continues to work on developing the skills of staff assigned to these functions.

At the state level, the Quality Assurance structure consists of a Central Office Division of QA/CQI, which reports directly to the Commissioner. Staffing for that Division was expected to include the QA director, seven program positions, and one administrative position. The administrative position and six of the seven program positions have now been filled, but appropriate staffing remains a challenge. One QA/CQI position in Central Office remains vacant, and the QA Director will begin the interview process for that position in December 2005. A barrier to obtaining a qualified person for this job has been the limitation of suitable candidates on the civil service registers. A second previously vacant position in Central Office CQI has been filled by job-sharing the position between two MSSW interns from the University of Tennessee. Work also continues to assess the capacity of all staff assigned to this unit and to provide training and support to enhance the skill level of some staff to meet the expectations of the job.

DCS has also created functional statewide CQI teams that include members of the core leadership team and Central Office staff working on each of the *Path to Excellence* domains. Regions refer issues to the State CQI teams for problem solving and resolution.

At the regional level, DCS has created and filled a CQI coordinator position in each region whose job is to coordinate and staff regional activities related to quality assurance and continuous quality improvement. Further within each region, CQI teams have been formed for frontline staff, supervisory staff, and regional leadership. The Department has clearly communicated the expectation that every member of its staff participate on a CQI team. The CQI teams' activities are expected to be integrated with the priorities of the *Path to Excellence* and the regional implementation plans. The Department is in the developmental stage of building the regional capacity to establish a strong continuous quality improvement process including providing appropriate training and support to the CQI Coordinators and ongoing work to reinforce the importance of CQI activities to meeting the Department's performance expectations.

Goal 2: DCS will have the information, tools, and capacities needed to implement quality assurance and continuous quality improvement activities and processes.

The *Path to Excellence* identified six strategies to achieve this goal:

- developing a data management plan;
- ensuring data integrity and accuracy as well as SACWIS accessibility, functionality, and user acceptance;
- initiating collaboration with CPORT to increase the relevance and utility of external reviews;
- designing and implementing a multi-tiered internal review structure;
- establishing and utilizing a stakeholder feedback system; and
- beginning the accreditation process with the Council on Accreditation (COA).

Data Management and Integrity

In previous monitoring reports, the historic problems that DCS has encountered in creating and carrying out a functional data management plan have been well documented. During this period, there has been a dramatic improvement in the Department's performance in this area. A longstanding problem has been the lack of a single point of accountability and authority for producing reliable, accurate, and timely data reports for use by management at the Central Office and regional levels. To combat this problem, beginning in April, the Commissioner appointed a highly qualified individual reporting directly to her with the responsibility and authority to implement the data management plan included within the *Path to Excellence* and to address the longstanding data management problems within DCS. Progress over the past six months has been significant. The Department now produces a series of monthly data management reports on critical performance areas related to Settlement Agreement and *Path to Excellence* expectations. The restructuring is significant because it clearly established responsibility and authority within DCS for carrying out the data management plan, thus opening the door for progress in an area that had been stalled under the former structure.

Considerable work over the past six months has been focused on streamlining the reporting process by consolidating existing reports and eliminating duplication in reporting. In addition, DCS has developed an internal system to track the development, production, and dissemination of routine reports. In a number of critical areas, the Department is now able to collect and consistently produce data, including: worker caseloads, placement with siblings and sibling visitation, visitation with parents, timeframes associated with adoption process, and resource home availability and capacity.

The Department also continues to work on improving the accuracy of data reports. There are an increasing number of areas where the Department is now confident that the data are accurate. In other areas, data accuracy is improving and there is a greater understanding of which measures are not yet accurately reported and some of the

contributing reasons for the inaccuracies (e.g., data entry issues, timeliness of data entry, technical problems with how data is being retrieved). As discussed in subsection VI, there has been some progress toward improving the accuracy of the data in the Foster Home and Child Placement Application (FHACP), which provides information about available foster homes and foster home placements. Plans have also been made to improve the accuracy of the placement data in TNKids by linking the FHACP, TNKids, and TNKids Financials placement data in the upcoming TNKids build, originally scheduled for early 2006. In consultation with the TAC, the next annual TNKids audit had been scheduled to be conducted after this TNKids build since the build is expected to address some of the problems with data accuracy.[107]

The Department is also continuing to work with staff of the University of Chicago's Chapin Hall Center for Children to produce state and regional data in key outcome areas. Work has continued to refine the data and to assist both state and regional staff to understand how to use the data to measure progress against implementation plan benchmarks and for state and regional planning.

Despite the considerable progress of the past six months, there continue to be challenges regarding the internal capacity of DCS to report data in ways that are easily understood by staff and to provide useful analysis and guidance to the regions on how to routinely use data for management and planning. Chapin Hall and Family-to-Family have provided some technical assistance on using the data to assess regional progress on the nine outcomes in the regional implementation plans. More work is needed to provide regional data to regional managers in a format that is accurate and user-friendly and to do so within a reasonable timeframe. In addition, there is a need for basic training for identified regional staff in how to use Excel so they can manipulate and better use existing data for their internal management and planning. To begin to address this need, the DCS QA/CQI Division recently developed and released a self-help manual providing applied technical assistance in the use of software commonly used for data management and analysis (Word, Excel, and SPSS).

Under the DCS organizational structure that was developed as part of the *Path to Excellence*, there was to have been a single Division of Performance Enhancement that included both the responsibility for Information Technology and QA/CQI. The Commissioner's decision to move both of those functions to direct reports reflected recognition of the priority of these issues and the need for rapid sustained progress. However, it is not clear who is responsible for providing the regions with analysis of the data and assistance with using the data strategically to improve practice. The position of Executive Director of Performance Enhancement, originally viewed as the data analysis position, remains unfilled.

Of critical importance is the decision made by DCS during this period to create a new web-based SACWIS system to replace TNKids. Although the Department has been able

[107] The Department is in the process of reviewing and revising the timetable for completion of this next build. The TAC will discuss with the Department the timing of the next TNKids audit based on the delay in implementation of this build.

with much effort to produce some of the data it needs from TNKids and other systems, DCS came to the conclusion that TNKids is not a data system capable of supporting the Department's long-term needs. With support from the State Office for Information Resources (OIR), the Department is now moving forward to create a new web-based SACWIS system. The TAC is in complete agreement with this decision in part because technology has advanced significantly since the original TNKids design and DCS has experienced innumerable problems in trying to adapt TNKids to current data needs. In addition, developing the SACWIS system at this time will allow DCS to create a data system that matches the new *Practice Model* and is integrally linked to current business practices and Departmental tracking and reporting needs on process requirements and outcomes for children and families. While the work to design and implement the new SACWIS system will create some short-term challenges in areas in which there is no current data capacity, the state's decision and its willingness to make this strategic long-term investment is appropriate and commendable.

Developing the Tools and Capacity to Assess the Quality of Service Delivery

Another important strategy on which the Department has made considerable progress during this monitoring period is the work to develop a consistent approach to reviewing the quality of service delivery. The Department has been working with the Tennessee Commission on Children and Youth (TCCY) and external consultants to develop a Qualitative Service Review (QSR) protocol that will be the core of both the Department's internal quality review process and TCCY's external CPORT review.

The Qualitative Service Review is a process that involves not only reviews of case files but also interviews with key stakeholders in the cases to gather information about indicators of child and family status and system performance. The review process provides both qualitative and quantitative data about case practice and outcomes for children and families that the Department can use to measure the degree to which case practice reflects the *Practice Model* as well as its impact on children and families.

A draft protocol was developed and an initial pilot of the protocol was conducted in South Central in September. Based on the success of the pilot, the Department's QA staff, CPORT reviewers, monitoring staff, and additional external reviewers engaged by the TAC began conducting reviews in October and will complete reviews of all 12 regions by June 2006. The protocol instrument is still being refined and will be modified in response to feedback from these reviews. In addition, these reviews are being used to develop a core group of reviewers who are trained and competent in this new QSR approach. These staff will then be used to not only conduct reviews but to cultivate and mentor novice reviewers across the state. Notwithstanding the fact that the protocol is still being "piloted," the review process is already providing powerful information to assist the Department in evaluating regional progress in implementing the new *Practice Model* and to develop improvement strategies.

The Department faces several challenges in implementing the QSR process. Reviewers will need to be supported until they develop the level of skill for conducting a Qualitative

Service Review, and additional work is needed on the integration of the DCS internal review process and CPORT. Thoughtful planning also needs to take place around designing a process for using the qualitative data generated by the QSR in ways that will have the greatest impact.

In addition to the development of the QSR process, DCS is working to develop a consistent structure for internal reviews of case process and practice using case record review. Two new case reviews have been developed by QA/CQI staff: the Case Process Review (which focuses on key case processes and case file documentation) and the Peer Review (which is modeled after the Tennessee Quality Service Review and focuses on case practice issues). Uniform review instruments have been developed and are being piloted. Working with regional CQI Coordinators, a structure for conducting reviews has been designed to foster a learning environment within the agency by ensuring that cases are reviewed and discussed between caseworkers and their supervisors and between peers at all levels of the agency.

A third strategy in the *Path to Excellence* to assess the quality of DCS service delivery involved the development and implementation of a stakeholder feedback system by October 2005. The Department is currently behind schedule at this time, but has indicated that it now plans to begin implementation of this system by late spring of 2006. Quality Assurance staff have developed a draft instrument and have made plans to begin a pilot of that instrument in the Southwest region in the next few weeks.

Finally, the *Path to Excellence* commits DCS to pursue accreditation as a high quality public child welfare agency through the Council on Accreditation (COA). Work toward this goal is just beginning. A committee has been created to lead this process, and the self-study process that is the beginning point for accreditation is underway. The work committee is formulating plans and timelines related to beginning the COA application process, expected in the near future.

APPENDIX A

A Brief Orientation to the Data: Looking at Children in Foster Care from Three Different Viewpoints

Typically, when data are used to help people understand the children who are served by the child welfare system, one of three viewpoints is presented. The "viewpoints" are: "point in time" data; "entry cohort" data; and "exit cohort" data. Each viewpoint helps answer different questions.

If we want to understand the day-to-day workload of DCS and how it is or is not changing, we want to look from a "point in time" viewpoint. For example, we would use point-in-time information to understand what the daily out-of home care population was over the course of the year—how many children were in out-of-home placement each day, how many children in the system on any given day were there for delinquency, unruly behavior, or dependency and neglect, and how that daily population has fluctuated over this particular year compared to previous years. Knowing whether the number of children in care on any given day is increasing, decreasing or staying the same is also important. A graph that compares snapshots of the population for several years on the same day every month (the same "point in time") provides a picture of the day-to-day population and its change over time.

But if there is a trend—for example, in Tennessee, that the number of children in care on any given day has been increasing somewhat over time—it is hard to understand the cause(s) of the increase by looking at "point-in-time data". For example, were more children committed to DCS custody in 2004 than in past years? Or is the increase the result of children staying in the system longer (fewer children getting released from custody during 2004) than in previous years? For this answer we need to look at "cohort data."

The question whether more children entered custody in 2004 than entered in 2003 is answered by comparing the total number of children who entered custody in 2004 (the 2004 "entry cohort") with the number of children who entered custody in 2003 (the 2003 "entry cohort").

Entry cohort data is also especially helpful to assess whether the system is improving from year to year. Is the system doing a better job with children who entered in 2004 than with the children who entered in 2003? Comparing the experiences in care of these two groups (entry cohorts) of children—their stability of placement while in care, how often they were placed in family rather than congregate settings, how often they were placed close to their home communities rather than far away—is the best way of measuring year to year improvement in these and other important areas of system performance.

There are certain questions for which "exit cohort" data is most helpful. If we want to understand the population of children that may need services after they return to their

families, we would need the exit cohort view. These are children with whom DCS would be working to make sure that reunification is safely and successfully achieved. Reentry into foster care is a sign of a failed reunification. It is therefore important to measure the percentage of children exiting care during any given year who reenter custody within a year of discharge. Comparing the reentry rates of children who exited care in 2003 (the 2003 "exit cohort") with the reentry rates of those children who exited care in 2002 (the 2002 "exit cohort") is one way of understanding whether the system is doing better when returning children to their families in ensuring that reunification is safe and lasting.

In general, the data that are most helpful for tracking system improvement over time are entry cohort data. If the system is improving, the children in the most recent entry cohort should have a better overall experience and better outcomes than children who entered in previous years. Since exit cohorts include children with a range of experience in the foster care system, some of which may extend back many years and precede recent improvement efforts, they are generally not useful for understanding trends over time. Most of the data presented in this section is for entry cohorts. In addition, the entry cohort view is refined by showing information about "first placements". Information about children entering foster care for the first time ever in a given year gives us the clearest picture of the children DCS is serving in foster care, because it recognizes the difference between a child who enters care for the first time (a new case for the placement system) and a child who reenters care (a further involvement of the placement system after a failure of permanent discharge).

APPENDIX B

Foster Care Caseload in Tennessee: Basic Dynamics of Placement

Table B-1

Children in Placement by Date and Adjudication								
Point in Time	Total	Delinquent	Abuse/Neg	Unruly	Total	Delinquent	Abuse/Neg	Unruly
Jan-00	8,961	1,935	6,483	543	100%	22%	72%	6%
Jul-00	8,982	1,949	6,519	514	100%	22%	73%	6%
Jan-01	8,673	1,884	6,338	451	100%	22%	73%	5%
Jul-01	8,900	2,005	6,460	435	100%	23%	73%	5%
Jan-02	8,550	1,925	6,232	393	100%	23%	73%	5%
Jul-02	8,466	1,912	6,178	376	100%	23%	73%	4%
Jan-03	8,393	1,903	6,147	343	100%	23%	73%	4%
Jul-03	8,692	1,869	6,445	378	100%	22%	74%	4%
Jan-04	8,996	1,829	6,813	354	100%	20%	76%	4%
Jul-04	8,926	1,747	6,846	333	100%	20%	77%	4%
Jan-05	8,500	1,674	6,539	287	100%	20%	77%	3%
Jul-05	8,775	1,736	6,756	283	100%	20%	77%	3%

Data derived from longitudinal analytic files developed by Chapin Hall from TNKids data through June 30, 2005.

Table B-2

	Brian A.Class		
Six Month Period Ending:	Entrants	Exits	Census
Jun-00	2,292	2,285	7,033
Dec-00	2,125	2,369	6,789
Jun-01	2,453	2,347	6,895
Dec-01	2,297	2,567	6,625
Jun-02	2,387	2,458	6,554
Dec-02	2,524	2,588	6,490
Jun-03	2,813	2,480	6,823
Dec-03	2,973	2,629	7,167
Jun-04	3,126	3,114	7,179
Dec-04	3,024	3,377	6,826
Jun-05	3,211	2,998	7,039

Data derived from longitudinal analytic files developed by Chapin Hall from TNKids data through June 30, 2005.

APPENDIX C

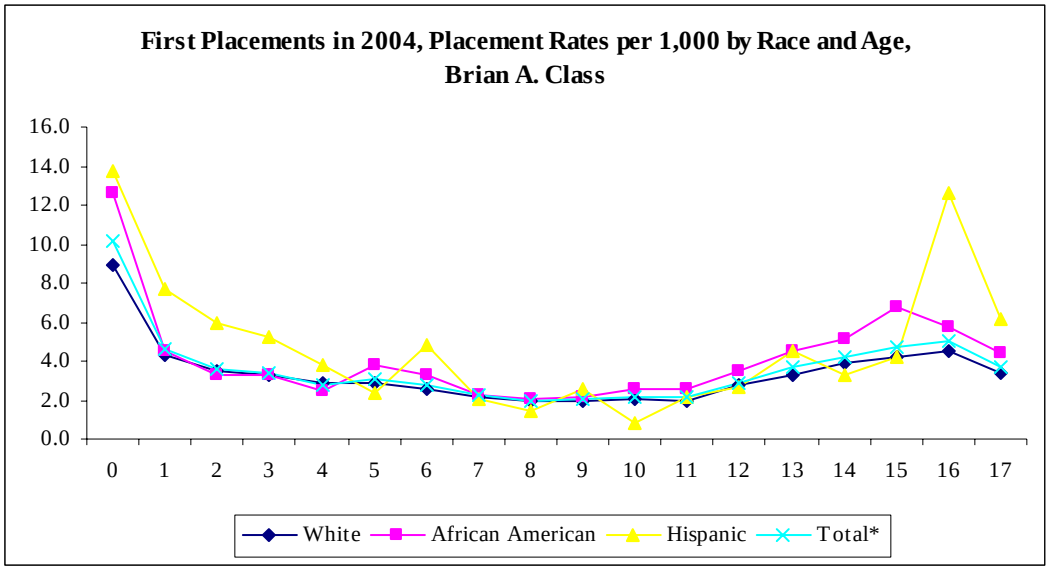
Characteristics of the Foster Care Population: Information Related to Age and Race/Ethnicity

Table C-1

Age	Children entering out-of-home placement during: 2002	2003	2004	2005	Children in out-of-home placement as of June 30, 2005
0	569	643	776	412	415
1	214	293	353	179	447
2	206	294	273	136	365
3	202	245	258	131	383
4	175	211	215	115	340
5	142	215	224	113	334
6	139	192	206	90	294
7	130	179	167	101	319
8	121	189	153	75	265
9	137	182	163	74	257
10	143	165	181	82	285
11	150	183	171	71	273
12	199	229	226	114	303
13	224	261	283	144	424
14	301	337	329	183	499
15	310	354	374	209	576
16	304	375	399	215	625
17	256	248	296	172	618
18					17
Grand Total	3922	4795	5047	2616	7039

Data derived from longitudinal analytic files developed by Chapin Hall from TNKids data through June 30, 2005.

Figure C-1



Data derived from longitudinal analytic files developed by Chapin Hall from TNKids data through June 30, 2005.

Figures C-2 though C-13: 2004 First Placement Rates by Race and Age Group, *Brian A.* Class

Figure C-2

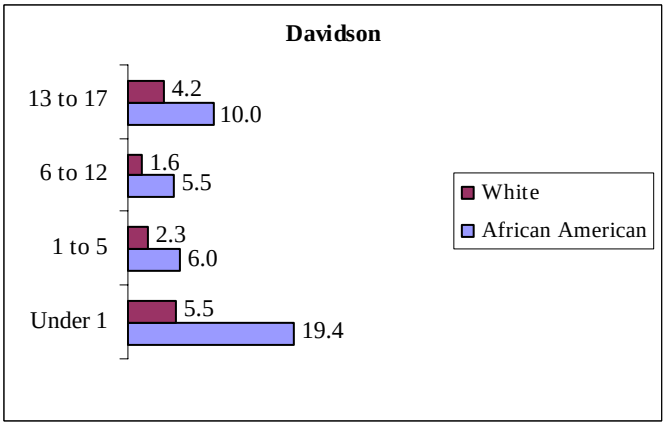


Figure C-3

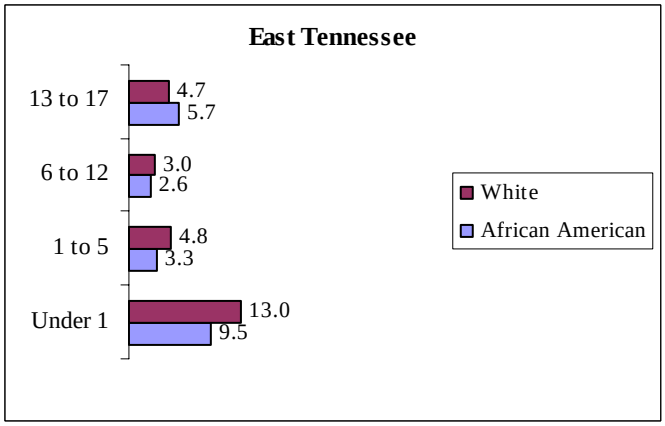


Figure C-4

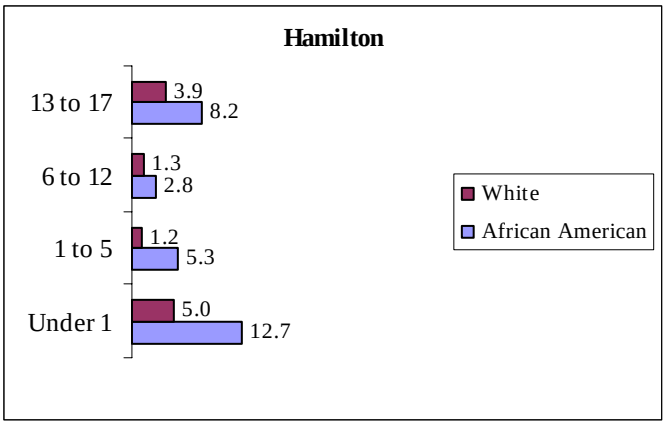


Figure C-5

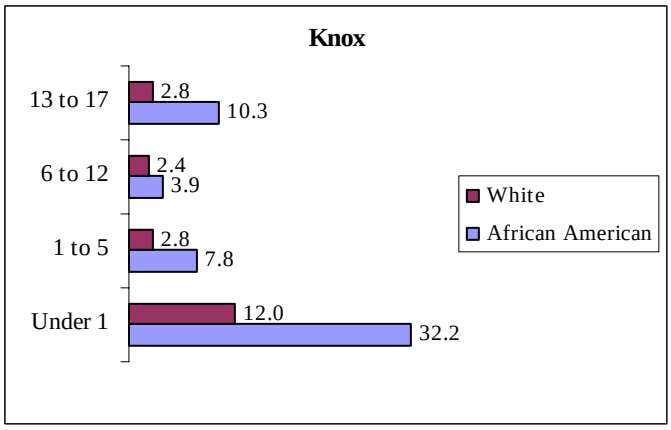


Figure C-6

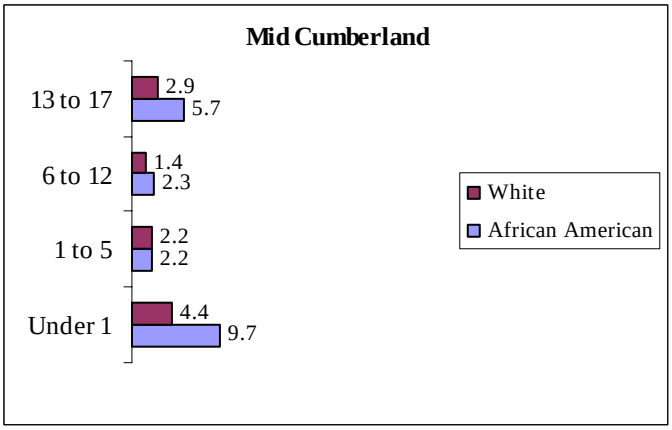


Figure C-7

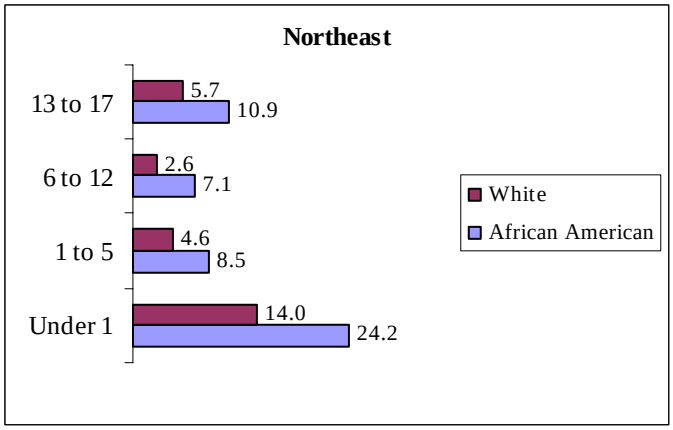


Figure C-8

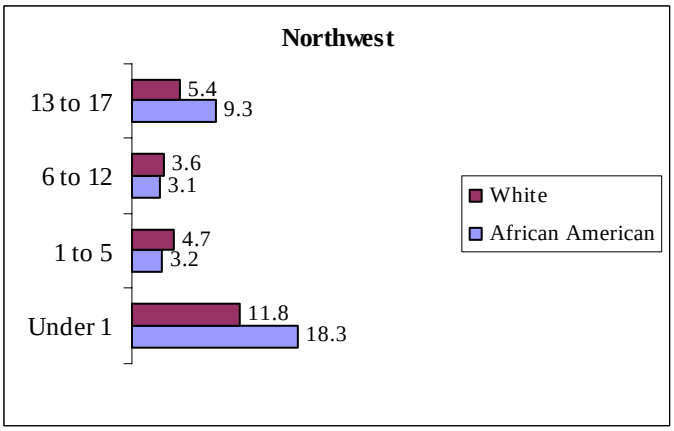


Figure C-9

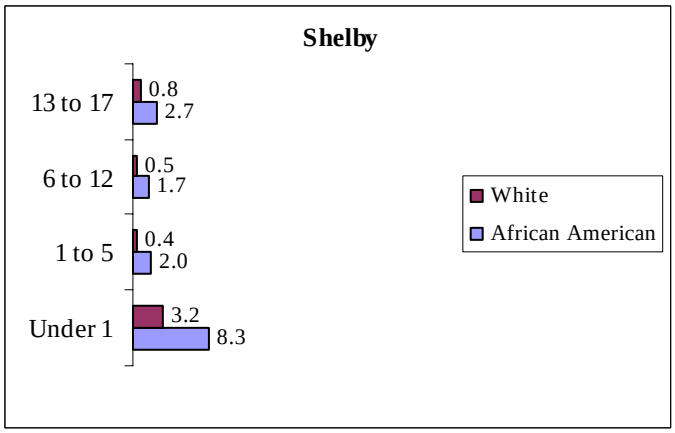


Figure C-10

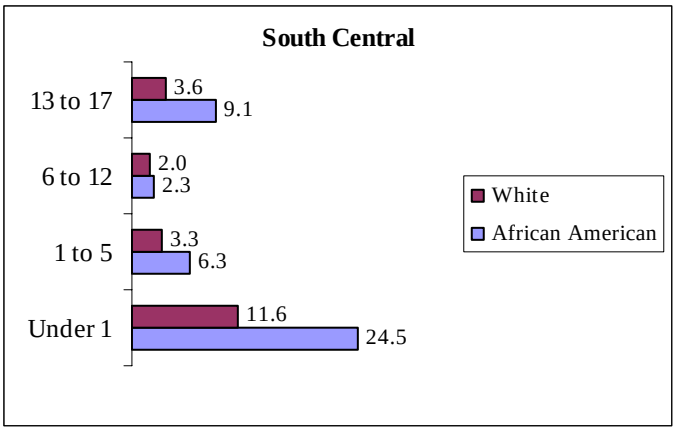


Figure C-11

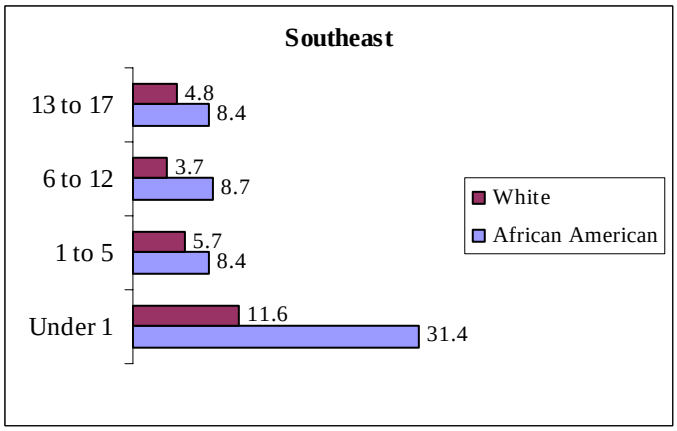


Figure C-12

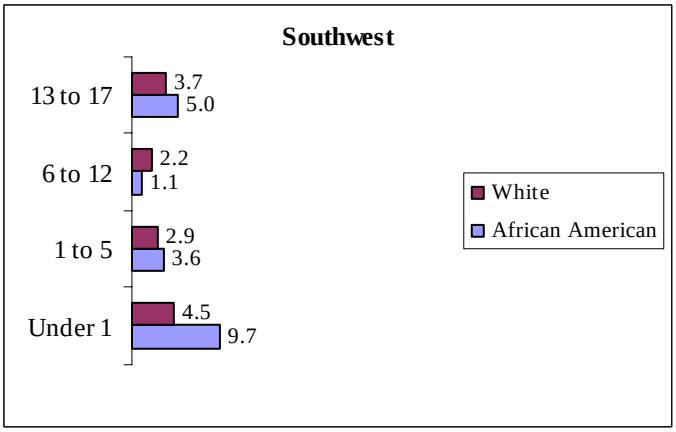
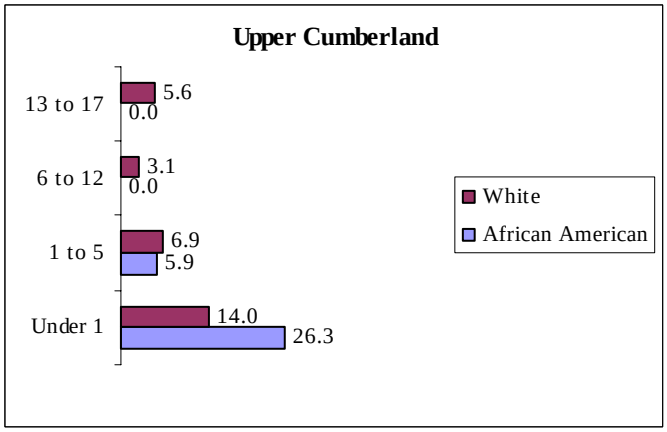


Figure C-13



Figures C-2 through C-13: Data derived from longitudinal analytic files developed by Chapin Hall from TNKids data through June 30, 2005 and the 2005 Census Estimate calculated by Claritas.

Table C-2

First Placements, Brian A - 2004

Region	Age at Entry	Race/Ethnicity: African American	Hispanic	Other	White	Total
Total	Total	1,214	255	243	3,335	5,047
Davidson	Under 1	53	12	4	23	92
	1 to 5	80	8	10	43	141
	6 to 12	99	4	12	39	154
	13 to 17	114	16	4	68	202
East Tennessee	Under 1	2	7	11	92	112
	1 to 5	3	13	11	173	200
	6 to 12	4	7	8	164	183
	13 to 17	6	8	14	193	221
Hamilton	Under 1	12	1		12	25
	1 to 5	26	3	3	15	47
	6 to 12	21		3	23	47
	13 to 17	40	1	3	53	97
Knox	Under 1	17	5	6	45	73
	1 to 5	21	5	6	54	86
	6 to 12	16		8	65	89
	13 to 17	25	1	5	56	87
Mid Cumberland	Under 1	13	10	9	46	78
	1 to 5	15	26	8	114	163
	6 to 12	23	15	13	111	162
	13 to 17	37	20	12	168	237
Northeast	Under 1	4	7	4	66	81
	1 to 5	6	6	4	110	126
	6 to 12	8	4	2	96	110
	13 to 17	10	5	2	156	173
Northwest	Under 1	8		1	28	37
	1 to 5	7	2	1	55	65
	6 to 12	10	1	2	62	75
	13 to 17	21	1	3	71	96
Shelby	Under 1	64	2	1	14	81
	1 to 5	79	4	7	8	98
	6 to 12	102			16	118
	13 to 17	107	1	10	21	139
South Central	Under 1	9	6	2	45	62
	1 to 5	11	8	3	65	87
	6 to 12	6	6	4	59	75
	13 to 17	17	3	7	79	106
Southeast	Under 1	5	3	5	40	53
	1 to 5	6	3	5	95	109
	6 to 12	10	1		91	102
	13 to 17	7	2	2	88	99
Southwest	Under 1	13		4	14	31
	1 to 5	24	2	4	44	74
	6 to 12	11	1	4	49	65
	13 to 17	38	5	2	63	108
Upper Cumberlan	Under 1	2	2	2	45	51
	1 to 5	2	5	5	115	127
	6 to 12		5	4	78	87
	13 to 17		8	3	105	116

*NOTE: Other includes children who race/ethnicity are not shown separately and those whose race/ethnicity were missing or unknown and placement.

Data derived from longitudinal analytic files developed by Chapin Hall from TNKids data through June 30, 2005.

Table C-3

Child Population in Tennessee						
				Race/Ethnicity		
Region	Age at Entry	African American	Hispanic	Other	White	Total
Total	Total	295,049	50,364	58,329	993,221	1,396,963
Davidson	Under 1	2,738	978	724	4,195	8,635
	1 to 5	13,255	3,713	3,309	18,825	39,102
	6 to 12	18,120	3,603	3,715	23,843	49,281
	13 to 17	11,413	2,004	2,124	16,200	31,741
East Tennessee	Under 1	210	364	290	7,075	7,939
	1 to 5	913	1,595	1,534	36,158	40,200
	6 to 12	1,558	1,721	2,124	54,933	60,336
	13 to 17	1,044	1,243	1,420	41,156	44,863
Hamilton	Under 1	943	157	185	2,412	3,697
	1 to 5	4,910	626	995	12,183	18,714
	6 to 12	7,481	705	1,283	17,518	26,987
	13 to 17	4,892	454	822	13,673	19,841
Knox	Under 1	528	138	269	3,735	4,670
	1 to 5	2,694	559	1,349	19,112	23,714
	6 to 12	4,069	718	1,568	27,520	33,875
	13 to 17	2,419	416	992	20,158	23,985
Mid Cumberland	Under 1	1,341	663	785	10,341	13,130
	1 to 5	6,766	2,799	3,501	51,450	64,516
	6 to 12	9,807	3,236	4,555	76,755	94,353
	13 to 17	6,508	2,021	2,938	57,159	68,626
Northeast	Under 1	165	151	146	4,706	5,168
	1 to 5	707	693	1,000	23,921	26,321
	6 to 12	1,133	752	1,088	36,357	39,330
	13 to 17	919	522	791	27,278	29,510
Northwest	Under 1	437	125	128	2,367	3,057
	1 to 5	2,177	548	542	11,779	15,046
	6 to 12	3,244	657	522	17,382	21,805
	13 to 17	2,253	358	319	13,216	16,146
Shelby	Under 1	7,735	637	725	4,362	13,459
	1 to 5	40,110	2,776	3,262	22,231	68,379
	6 to 12	58,650	3,105	3,873	32,107	97,735
	13 to 17	39,478	1,962	2,421	24,957	68,818
South Central	Under 1	368	314	131	3,888	4,701
	1 to 5	1,750	1,196	815	19,596	23,357
	6 to 12	2,589	1,402	1,100	29,049	34,140
	13 to 17	1,871	866	651	21,968	25,356
Southeast	Under 1	159	130	84	3,453	3,826
	1 to 5	716	568	706	16,731	18,721
	6 to 12	1,148	777	837	24,418	27,180
	13 to 17	838	520	536	18,203	20,097
Southwest	Under 1	1,346	152	166	3,096	4,760
	1 to 5	6,728	615	787	15,161	23,291
	6 to 12	10,167	785	956	22,374	34,282
	13 to 17	7,525	409	588	16,888	25,410
Upper Cumberland	Under 1	76	184	93	3,214	3,567
	1 to 5	340	887	482	16,680	18,389
	6 to 12	475	939	639	24,771	26,824
	13 to 17	336	621	459	18,667	20,083

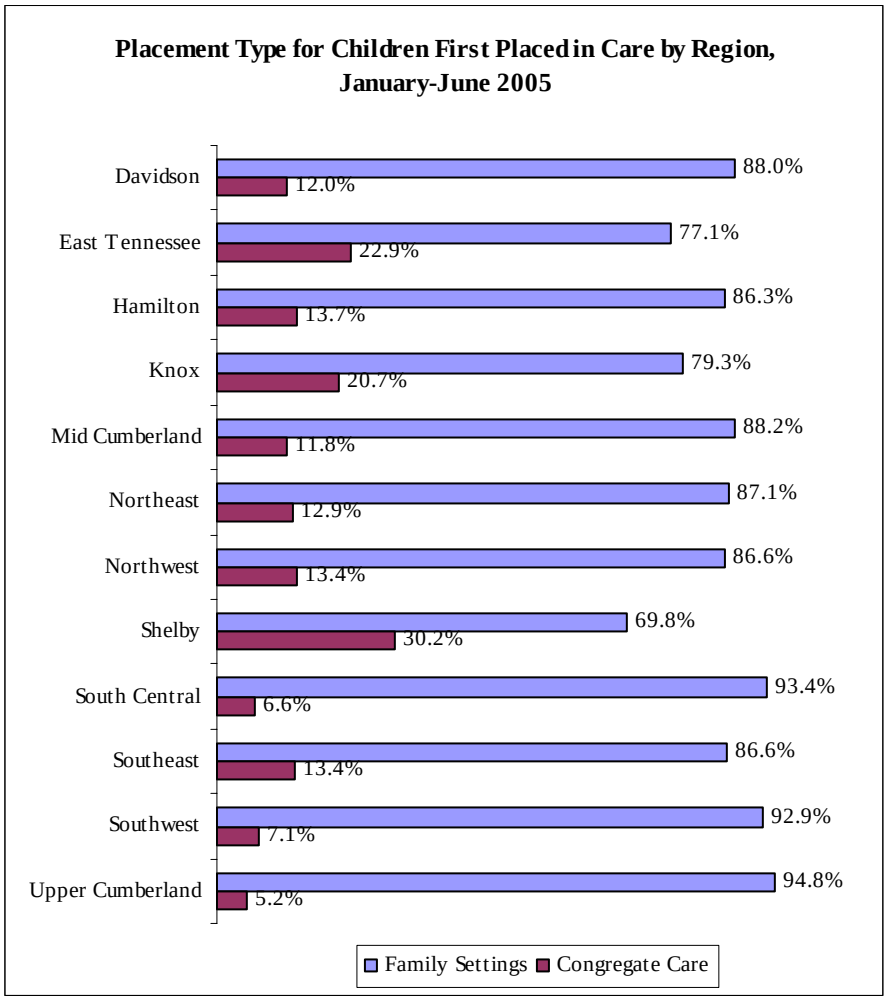
*NOTE: Other includes children who race/ethnicity are not shown separately and those whose race/ethnicity were missing or unknown and placement.

Data derived from longitudinal analytic files developed by Chapin Hall from TNKids data through June 30, 2005.

APPENDIX D

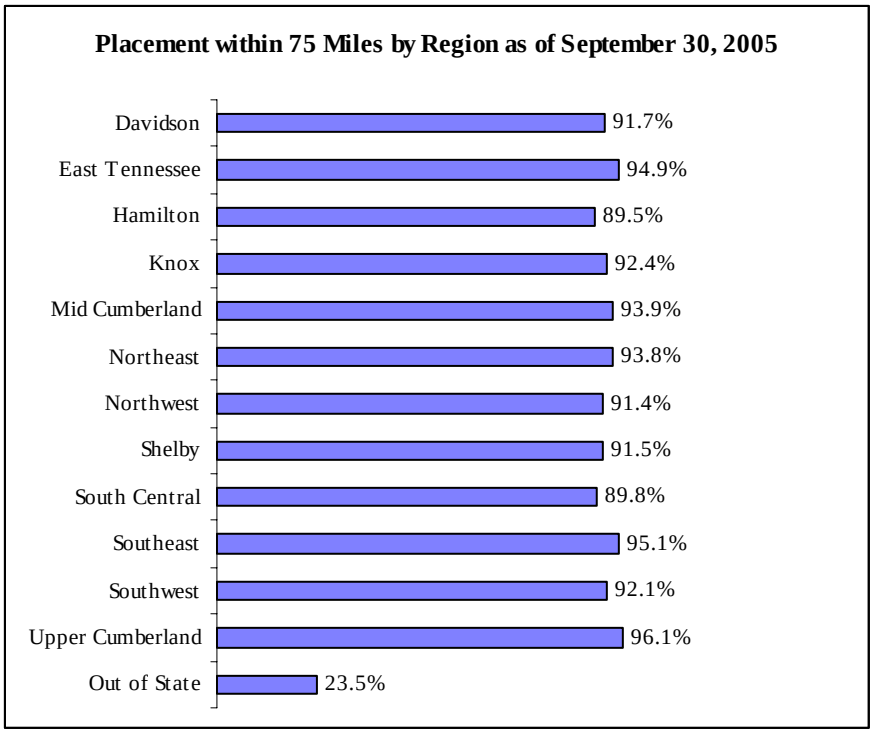
How successful is the Department in providing children in foster care with stable, supportive home-like settings that preserve healthy contacts with family, friends and community?

Figure D-1



Data derived from longitudinal analytic files developed by Chapin Hall from TNKids data through June 30, 2005.

Figure D-2



Source: "*Brian A.* Class 75 Mile Placements," from TNKids data as of September 30, 2005.

Table D-1

Movements to Date for Children First Entering Care in 2004

First Entrants	Number	Percent
Total	5,048	100%
Children with no moves to date	2,537	50%
Children with one move to date	1,371	27%
Children with more than one move to date	1,140	23%

Data derived from longitudinal analytic files developed by Chapin Hall from TNKids data through June 30, 2005.

Table D-2

Movements to Date for Children First Entering Care in 2004				
By Region	Total	No Moves to Date	One Move to Date	More than One Move
Total	5,048	2,537	1,371	1,140
Davidson	589	287	148	154
East Tennessee	716	348	206	162
Hamilton	216	98	49	69
Knox	335	172	97	66
Mid Cumberland	640	320	176	144
Northeast	490	200	148	142
Northwest	273	138	66	69
Shelby	436	237	113	86
South Central	330	184	82	64
Southeast	363	198	107	58
Southwest	278	161	49	68
Upper Cumberland	382	194	130	58
Total	100%	50%	27%	23%
Davidson	100%	49%	25%	26%
East Tennessee	100%	49%	29%	23%
Hamilton	100%	45%	23%	32%
Knox	100%	51%	29%	20%
Mid Cumberland	100%	50%	28%	23%
Northeast	100%	41%	30%	29%
Northwest	100%	51%	24%	25%
Shelby	100%	54%	26%	20%
South Central	100%	56%	25%	19%
Southeast	100%	55%	29%	16%
Southwest	100%	58%	18%	24%
Upper Cumberland	100%	51%	34%	15%

Data derived from longitudinal analytic files developed by Chapin Hall from TNKids data through June 30, 2005.

Table D-3

Exit Status	Region	Total	Children with no moves to date	Children with one move to date	Children with more than one move to date	Total	Children with no moves to date	Children with one move to date	Children with more than one move to date	Percent of Total Cohort
Exited	Total	3,240	1,868	860	512	100%	58%	27%	16%	64%
	Davidson	397	222	106	69	100%	56%	27%	17%	67%
	East Tennes	484	285	133	66	100%	59%	27%	14%	68%
	Hamilton	122	70	23	29	100%	57%	19%	24%	56%
	Knox	167	99	42	26	100%	59%	25%	16%	50%
	Mid Cumbe	389	217	108	64	100%	56%	28%	16%	61%
	Northeast	313	161	93	59	100%	51%	30%	19%	64%
	Northwest	203	113	48	42	100%	56%	24%	21%	74%
	Shelby	246	153	54	39	100%	62%	22%	16%	56%
	South Centr	222	142	46	34	100%	64%	21%	15%	67%
	Southeast	262	142	93	27	100%	54%	35%	10%	72%
	Southwest	191	127	35	29	100%	66%	18%	15%	69%
	Upper Cuml	244	137	79	28	100%	56%	32%	11%	64%
Still In Care	Total	1,808	669	511	628	100%	37%	28%	35%	36%
	Davidson	192	65	42	85	100%	34%	22%	44%	33%
	East Tennes	232	63	73	96	100%	27%	31%	41%	32%
	Hamilton	94	28	26	40	100%	30%	28%	43%	44%
	Knox	168	73	55	40	100%	43%	33%	24%	50%
	Mid Cumbe	251	103	68	80	100%	41%	27%	32%	39%
	Northeast	177	39	55	83	100%	22%	31%	47%	36%
	Northwest	70	25	18	27	100%	36%	26%	39%	26%
	Shelby	190	84	59	47	100%	44%	31%	25%	44%
	South Centr	108	42	36	30	100%	39%	33%	28%	33%
	Southeast	101	56	14	31	100%	55%	14%	31%	28%
	Southwest	87	34	14	39	100%	39%	16%	45%	31%
	Upper Cuml	138	57	51	30	100%	41%	37%	22%	36%

Data derived from longitudinal analytic files developed by Chapin Hall from TNKids data through June 30, 2005.

Table D-4

Table 7 describes when placement moves tend to occur for children who experience placement moves. The rows in the first portion break out the total number of children entering out-of-home placement for the first time in 2004 ("Total Children"), the number of children entering out-of-home placement in 2004 who have not experienced a placement move as of June 30, 2005 ("Stayers"), and the number of children entering out-of-home placement in 2004 who have experienced at least one placement move as of June 30, 2005 ("Movers"). The columns indicate how many of each of those groups experienced the different periods in out-of-home placement as of June 30, 2005. For example, 5,025 children experienced six or fewer months in out-of-home placement as of June 30, 2005; 2,232 of those children also experienced 7 to 12 months in out-of-home placement; and 722 of those children also experienced 13 to 18 months in out-of-home placement.[108]

[108] There are two possible reasons why a child may not have experienced the later periods in care: either the child exited out-of-home placement prior to reaching that period(s), or the child entered out-of-home placement at the end of 2004 and has not had time to experience that period(s) in out-of-home placement.

Breaking this data into groups by whether or not the child has experienced a placement move as of June 30, 2005 shows that about half of the children entering out-of-home placement in 2004 have experienced at least one placement move. It also shows that the children who remain in out-of-home placement longer tend to be the children who have experienced placement moves. For example, of the 5,025 total children entering custody in 2004 and experiencing the "six or fewer months" period, only 50% (2,488) experienced a placement move as of June 30, 2005 at some point during their stay in out-of-home placement. Conversely, of the 722 children who experienced the "13 to 18 months" period, 68% (491) experienced a placement move as of June 30, 2005 at some point in their stay in out-of-home placement.

The second portion of the table shows when the placement moves occurred for those children who experienced a placement move. For example, of the 2,488 "movers" who experienced six or fewer months in out-of-home placement, 5% (134) did not experience the placement move(s) during that period, but 95% (2,354) did. (Of the 95% children who experienced a move during the first six months in out-of-home placement, 56% experienced one move, 22% experienced 2 moves, and so on.) Of the 491 "movers" who experienced 13 to 18 months in out-of-home placement, 82% (405) did not experience the move(s) during that period, and only 18% (86) did. This indicates that most children who experience a placement move experience the move during their first six months in out-of-home placement. It also indicates that children who experience multiple placement moves tend to experience those moves during the first six months in out-of-home placement.

Period Specific Movements for Children First Placed in Foster Care in 2004
As of June 30, 2005

Children by Moves	Placement Intervals (child has experienced this duration in months) 6 and under	7 to 12	13 to 18	19 to 24	25 to 30	31 to 36	37 to 42	43 to 48	49 to 54	55 to 60
Total Children	5,025	2,232	722							
Stayers - Children with no moves to date	2,537	830	231							
Movers - Children who have moved one or more times to date	2,488	1,402	491							
Number of Moves	Interval In Which Movement Occurred									
0	134	1,042	405							
1	1,386	261	72							
2	551	62	11							
3	211	22	2							
4	107	10	1							
5	40	4	0							
6	33	1	0							
7	13	0	0							
8	7	0	0							
9	6	0	0							
Total Movers	2,488	1,402	491							
	As a Percent of Total Children by Placement Interval									
Total Children	100%	100%	100%							
Stayers	50%	37%	32%							
Movers	50%	63%	68%							
	As a Percent of Movers by Placement Interval									
Number of Moves										
0	5%	74%	82%							
1	56%	19%	15%							
2	22%	4%	2%							
3	8%	2%	0%							
4	4%	1%	0%							
5	2%	0%	0%							
6	1%	0%	0%							
7	1%	0%	0%							
8	0%	0%	0%							
9	0%	0%	0%							
Total	100%	100%	100%							

Of the 5,025 children entering out-of-home placement in 2004, half were movers, and half were stayers.

Of the 722 children from the entry cohort who experienced 13 to 18 months in care, almost 70% were movers.

For the movers, this shows in which interval movement occurred and how many movements occurred during that interval. For example, 95% of movers experienced at least one move during the first 6 months in out-of-home placement. Of them, 56% had one move, 22% had 2 moves, etc.

Data derived from longitudinal analytic files developed by Chapin Hall from TNKids data through June 30, 2005.

Table D-5

Exit Status	First Placement Type	Total	Children with no moves to date	Children with one move to date	Children with more than one move to date	Total	Children with no moves to date	Children with one move to date	Children with more than one move to date	Percent of Total Cohort
Exited	Total	1,808	669	511	628	100%	37%	28%	35%	36%
	Foster Home	1,274	496	369	409	100%	39%	29%	32%	38%
	Kinship Home	271	168	47	56	100%	62%	17%	21%	31%
	Emergency Placement	95	0	14	81	100%	0%	15%	85%	28%
	Hospital	104	0	68	36	100%	0%	65%	35%	46%
	Emergency Shelter or PTC	50	4	9	37	100%	8%	18%	74%	33%
	Detention	12	0	4	8	100%	0%	33%	67%	27%
	Unknown	2	1	0	1	100%	50%	0%	50%	40%
Still in Care	Total	3,240	1,868	860	512	100%	58%	27%	16%	64%
	Foster Home	2,119	1,248	583	288	100%	59%	28%	14%	62%
	Kinship Home	615	489	84	42	100%	80%	14%	7%	69%
	Emergency Shelter or PTC	247	70	93	84	100%	28%	38%	34%	72%
	Hospital	120	14	59	47	100%	12%	49%	39%	54%
	Congregate Care	103	43	24	36	100%	42%	23%	35%	67%
	Detention	33	3	16	14	100%	9%	48%	42%	73%
	Unknown	3	1	1	1	100%	33%	33%	33%	60%

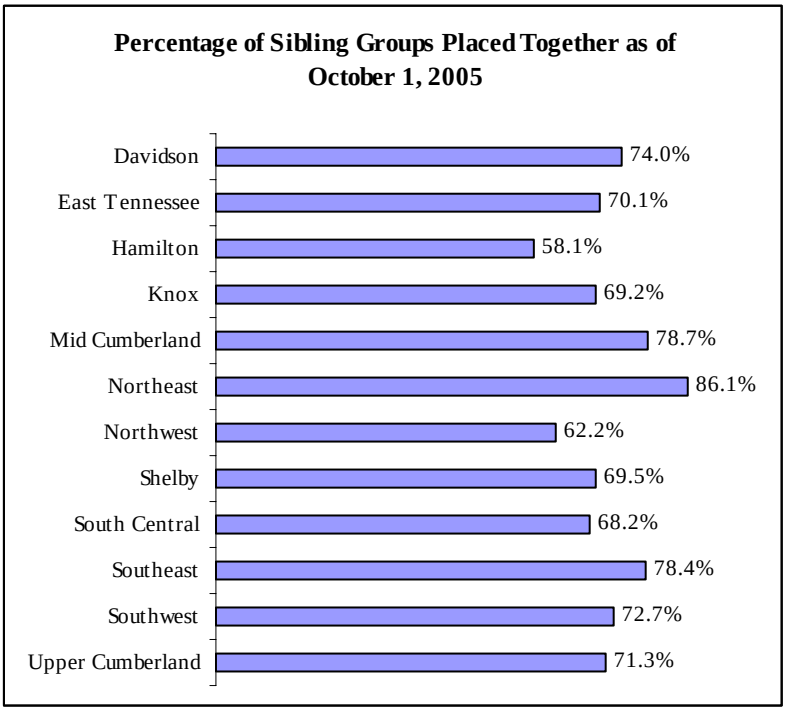
Data derived from longitudinal analytic files developed by Chapin Hall from TNKids data through June 30, 2005.

Table D-6

Movements to Date for Children First Entering Care in 2004				
By First Placement Type	Total	No Moves to Date	One Move to Date	More than One Move
Total	5,048	2,537	1,371	1,140
Foster Home	3,393	1,744	952	697
Kinship Home	886	657	131	98
Emergency Shelter or PTC	342	70	107	165
Hospital	224	14	127	83
Congregate Care	153	47	33	73
Detention	45	3	20	22
Unknown	5	2	1	2
Total	100%	50%	27%	23%
Foster Home	100%	51%	28%	21%
Kinship Home	100%	74%	15%	11%
Emergency Shelter or PTC	100%	20%	31%	48%
Hospital	100%	6%	57%	37%
Congregate Care	100%	31%	22%	48%
Detention	100%	7%	44%	49%
Unknown	100%	40%	20%	40%

Data derived from longitudinal analytic files developed by Chapin Hall from TNKids data through June 30, 2005.

Figure D-3

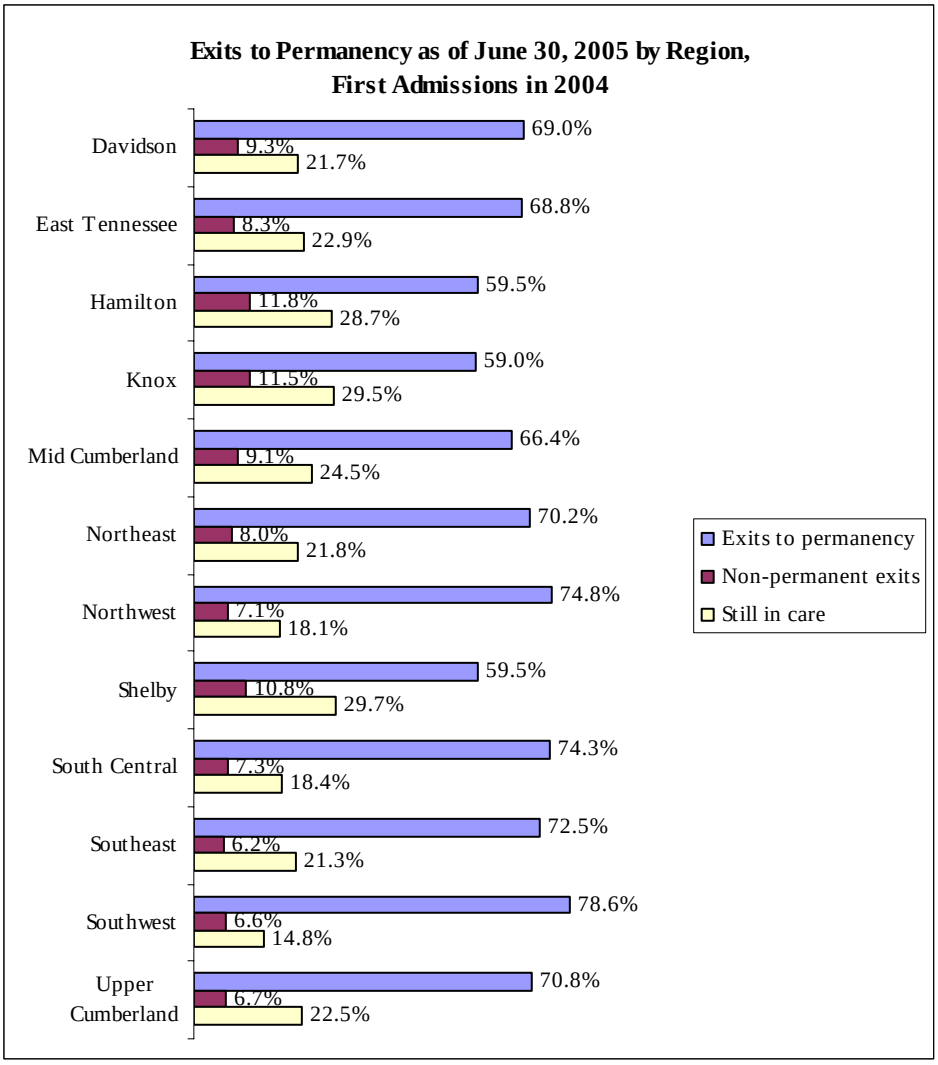


Source: "*Brian A.* Sibling Groups Placed Together," from TNKids data as of October 1, 2005.

APPENDIX E

How successful is the Department in achieving permanency for children through safe return to their parents or other family members or through adoption?

Figure E-1



Data derived from longitudinal analytic files developed by Chapin Hall from TNKids data through June 30, 2005.

Table E-1

Exits as of June 30, 2005 for Children First Placed in 2003		
Exit Type Observed To Date	Number	Percent
Total	4,795	100%
Reunification With Family	2,356	49%
Reunification With Relative	764	16%
Adoption	227	5%
Other Exit	366	8%
Still In Placement	1,082	23%

Data derived from longitudinal analytic files developed by Chapin Hall from TNKids data through June 30, 2005.

APPENDIX F

Case File Review Methodology

The 2005 case file review jointly conducted by TAC monitoring staff and DCS Quality Assurance staff, including CQI Coordinators from the regional offices. A total of 276 DCS case files were reviewed in the period between April 27 and May 6, 2005. The primary review period was October 1, 2004 to March 31, 2005. Thus, reviewers were looking for documentation of case activities during that period.

Reviewers gathered information from the children's hard copy files. TNKids case recordings were printed and referred to if the recordings were not included in the hard file. With the exception of the case recordings, reviewers used TNKids as a data source for only a single section of the protocol. This section compared the TNKids Placement Screen with TNKids case recordings and placement information in the hard file. The purpose of this section was to determine the accuracy of this information in TNKids.

The Focus of the Review

The 2005 Case File Review focused on children recently entering custody: children who had entered custody between October 1, 2004 and December 31, 2004 and who were in custody between three and six months by the end of the review period. By focusing on these children, the case file review findings more closely reflect the impact of current practice and improvement efforts.

The Case Review Protocol

A revised version of the standardized protocol from the case file review conducted in 2004 was utilized for the review. (See Appendix B.) The protocol was revised to eliminate questions that would not be relevant to children who had been in custody for six or fewer months and to add more questions related to events occurring within the first six months of custody. Like the 2004 case review protocol, this protocol does not contain qualitative questions that cannot be adequately assessed through a case file review. The protocol assesses case management activities required by the *Brian A.* Settlement Agreement and related DCS policy. The information presented in this report reflects documentation found in the case files; thus, only activities documented in the case files could be considered as indicators of case practice and compliance.

The Sample

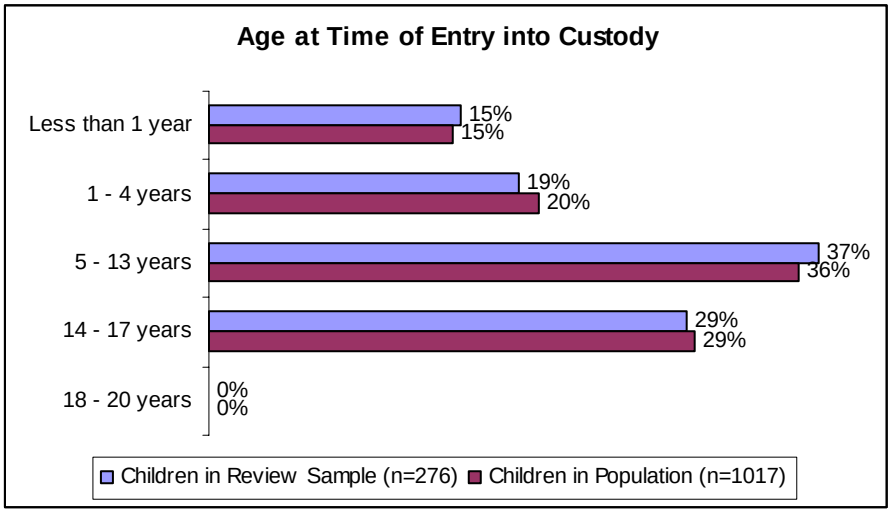
In order to pull a sample of children within the parameters of the focus for this review, it was necessary to first create the population of children who fit those parameters. Using

the *Brian A.* Class Lists, the TAC monitoring staff pulled each child who entered custody between October 1 and December 31, 2004 and who had been in custody at least three months. [109] The total population falling within these parameters was 1,017 children.

The TAC and DCS Quality Assurance staff decided on a sample size for the review that was statistically significant statewide and stratified by region. The sample was drawn to provide statistical validity at 95% of confidence with a margin of error of ± 5%. TAC monitoring staff pulled the random sample for each region from the population of children created from the *Brian A.* Class Lists.

For each region, TAC monitoring staff compared the demographics of the sample (age, race/ethnicity, and gender) with the demographics of the total population to ensure that the regional samples were representative. Figures F-1 through F-3 below show how the sample represents the population for this demographic information.

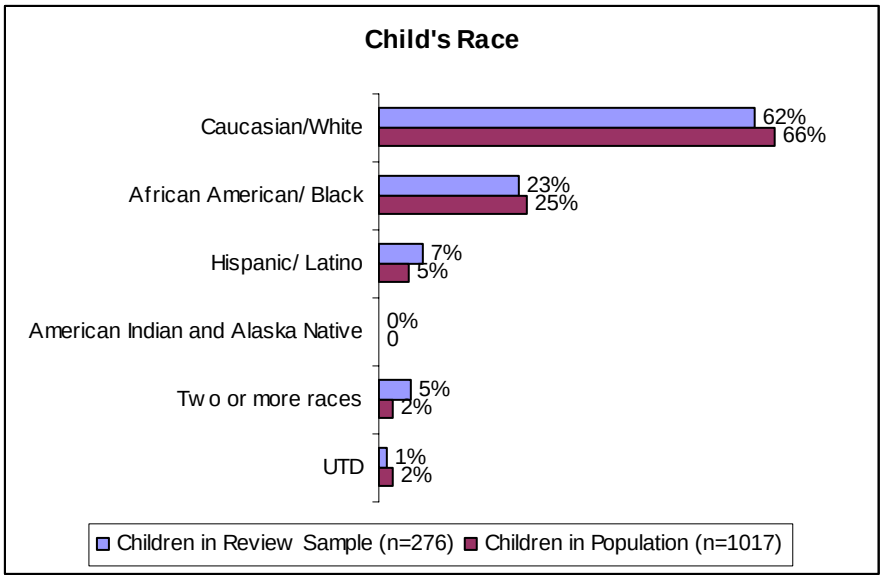
Figure F-1



Source: *Brian A.* Class Lists January 15, 2005—April 15, 2005.

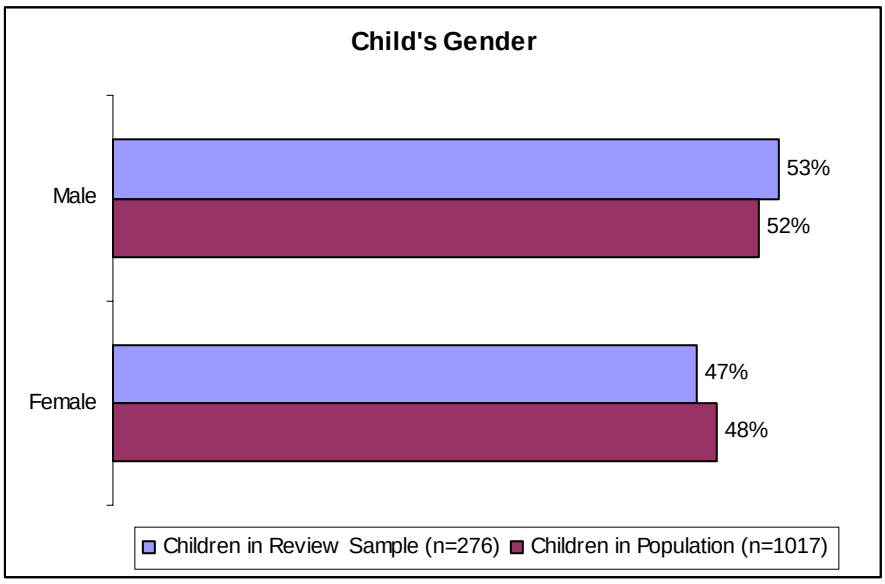
[109] In order to get as close as possible to the true number of children entering custody between October 1and December 31, 2004 from the point-in-time Class Lists, the population was pulled from four different Class Lists. Any child entering custody between October 1 and October 15, 2004 was pulled from the January 15, 2005 Class List because that child would have been in custody at least three months by the time the Class List was produced. Likewise, any child entering custody between October 16 and November 15 was pulled from the February 15, 2005 Class List; any child entering custody between November 16, and December 15, 2005 was pulled from the March 15, 2005 Class List; and any child entering between December 16 and December 31, 2005 was pulled from the April 15, 2005 Class List.

Figure F-2



Source: *Brian A.* Class Lists January 15, 2005—April 15, 2005.

Figure F-3



Source: *Brian A.* Class Lists January 15, 2005—April 15, 2005.

Ten percent of the children in the sample had been in custody sometime within the twelve months immediately preceding this new custody episode.

The statewide sample consisted of 283 cases, of which 276 were read and are included in the analysis.[110] Seven cases could not be reviewed for one of the following reasons: the child was on runaway throughout the period reviewed, the child was adjudicated delinquent, the child was in a placement through ICPC (Interstate Compact on the Placement of Children) for at least the last four months of the period reviewed, the child was on runaway for the majority of the review period, or the child was in custody for fewer than 30 days by the end of the period reviewed.

Data Entry and Analysis

DCS Quality Assurance staff created an SPSS database. A member of the DCS Quality Assurance staff who was not reviewing case files entered data collected from both DCS Quality Assurance and monitoring review teams into the database. Data entry was completed at the same time as the review to allow reference to case files and decrease error (see Quality Control discussion below). TAC monitoring staff and DCS Quality Assurance staff completed the cleaning and analysis of the data after the reviews in all regions were completed.

TAC monitoring staff conducted targeted reviews to gain additional information about specific concerns as they arose based on the analysis of the data. Data from the targeted reviews is included and clearly identified where applicable.

In addition, Quality Assurance staff developed a list of children for whom the review raised concerns and sent it through the CQI process for follow-up in the regions. The areas of concern identified by reviewers and forwarded for follow-up through CQI included: possible maltreatment of a child (if necessary, a CPS referral was also made); concerns about the use of seclusion, physical or chemical restraint, and psychotropic medications; children not receiving needed medical or mental health treatment; children receiving only one or no visits from their case managers; and children without a GAL.

Quality Control

TAC monitoring staff designed quality control procedures to minimize error during the process of review and data entry. One member of the DCS Quality Assurance staff who was not reviewing cases read the completed protocols to check for inconsistencies within the reviewers' responses. When inconsistencies were found, reviewers referred back to the file to make corrections as needed. In addition, at least one case reviewed by each new reviewer was also reviewed by an experienced reviewer and discussed with the new reviewer to ensure reliability. These steps were taken to ensure the accuracy of the data collected by reviewers.

[110]The original statewide sample size was 283 cases. Four additional cases were reviewed to replace the four cases in which the child was adjudicated delinquent, the child was in an ICPC placement, or the child was in custody for fewer than 30 days by the end of the review period.